

Denbighshire County Council



ANNUAL REPORT

on the

Health of Denbighshire

for the

YEAR 1967

M. T. ISLWYN JONES, M.D., D.P.H.

County Medical Officer

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COMMITTEES

Health Committee:

- Chairman: Alderman Dr. I. H. Davies, O.B.E., M.Sc.
(Hon.), M.B., Ch.B.
- Vice-Chairman: Councillor J. G. Lindsay.
- Members: All members of the County Council,
together with the Chairman and Vice-
Chairman of each of the District Health
Committees and the following:
Mrs. Christopher Davies, Wrexham.
Mrs. Gethin Davies, Wrexham.
Mrs. W. A. Evans, Denbigh.
Dr. Trevor Hughes, L.R.C.P., L.R.C.S.,
Ruthin.
Mrs. K. B. Jones, Colwyn Bay.
Mrs. May Jones, Wrexham.
Mr. E. B. Miller, Llangollen.
Dr. Sheila Reid, M.B., Ch.B., Llanychan.

Health Standing Sub-Committee:

- Chairman: Alderman Thomas Jones
- Vice-Chairman: Councillor J. R. Hughes.
- Members:

Alderman Edward Boden

Alderman Dr. I. H. Davies, O.B.E., MSc.
(Hon.), M.B., Ch.B.
Councillor John Griffiths.

Councillor H. Kyffin Jones

Councillor J. G. Lindsay.
Alderman Watkin Lloyd, M.B.E.
Councillor R. I. Kerfoot Owen.
Councillor Gwilym H. Parry.
Alderman Ernest Price.
Alderman George Richards.
Alderman R. C. Roberts.
Alderman R. E. Rowlands.
Alderman Edward Williams, O.B.E.

Pentre Broughton Pre-employment Centre.

Advisory Sub-Committee:

Chairman: Mr. B. L. Budd.
Vice-Chairman: Mr. P. H. Meadows.
Members: Mr. R. Lockett.
Mr. D. Morley Smith.
Mr. M. J. Smith.
Mr. H. Williams.
Councillor J. R. Hughes.
Alderman T. Jones.
Councillor J. G. Lindsay.
Alderman G. Richards.

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and Principal School Medical Officer:

M. T. Islwyn Jones, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

E. S. Lovgreen, M.B., Ch.B., D.P.H.

District Medical Officers/Assistant County Medical Officers:

A. Griffith, M.B., Ch.B., D.P.H.

F. P. Peach, M.B., Ch.B., D.P.H. (Senior Assistant Medical Officer).

M. Jones Roberts, M.B., Ch.B., D.P.H.

J. G. M. Williams, M.B., Ch.B., D.P.H.

Assistant County Medical Officers:

K. Dalzell, M.B., Ch.B. (commenced 1/5/67).

A. M. Valle, L.R.C.P., L.R.C.S., L.R.F.P.S., D.(Obst.), R.C.O.G., (commenced 2/10/67).

D. Lloyd Williams, L.R.C.S., L.R.C.P., L.R.C.S.P.

Consultant Staff (part-time):

Chest Service:

R. W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.

E. C. Jones, M.B., B.S., M.R.C.S., L.R.C.P.

J. G. Jones, M.D., B.Chir.

J. B. Morrison, M.D., B.Sc.

Geriatric Service:

J. Arnold, M.D., Ch.B., D.C.H.

E. Griffiths, F.R.C.S., M.B., B.S., L.R.C.P.

Paediatric Service:

M. M. McLean, M.D., F.R.C.P., D.C.H.

Child Guidance Service:

E. Simmons, M.D., L.R.C.P., L.R.C.S.

County Ophthalmologists (part-time):

G. L. Harper, M.R.C.S., L.R.C.P., D.O. (Eng.).
M. R. Hughes, M.B., Ch.B., D.O.M.S.

County Dental Service:

Principal Dental Officer:

D. R. Pearse, B.D.S.

Area Dental Officer:

J. P. Reid, L.D.S.

Dental Officers:

T. Elton, L.D.S.
N. A. James, L.D.S.
H. J. Matthews, L.D.S., L.R.C.P., L.R.C.S. (resigned 21/7/67).
D. Mitchell, L.D.S. (commenced 9/10/67).
R. H. N. Osmond, L.D.S., R.C.S.
D. B. Waugh, L.D.S.

County Orthodontist (part-time):

D. T. Broadbent, F.D.S., B.D.S.

Dental Auxiliary:

Vacant.

Dental Surgery Assistants: 8.

County Public Health Officer:

D. D. Button, M.I.P.H.A., A.R.S.H.

Food and Drugs Chief Inspector:

D. H. Owens.

Nursing Service:

Non-Medical Supervisor of Midwives and Superintendent of Home Nurses:

Miss A. Large, S.R.N., S.C.M., Q.N., H.V.Cert.
(commenced 1/7/67)

Assistant Superintendent of Home Nurses:

Mrs. E. C. Parrish, S.R.N., S.C.M., Q.N., H.V.Cert.
(commenced 1/7/67).

Superintendent Health Visitor:

Miss W. H. Tagg, S.R.N., S.C.M., H.V.Cert.
(commenced 1/7/67).

Health Education Officer/Tutor:

Mr. Leslie Roberts, S.R.N., Q.N., H.V.Cert.
(commenced 1/7/67).

Health Visitors:	35
Tuberculosis Visitors:	2
Home Nurses and Midwives:	69

Home Help Service:

Organisers:

Miss H. M. Cuddy.

Miss E. O. Davies

Home Helps: 211 (part-time).

Mental Health Service:

Chief Mental Welfare Officer:

J. E. Evans, A.A.P.S.W.

Senior Mental Welfare Officers:

B. W. Hughes, C.S.W.

S. S. Robinson, C.S.W.

Mental Welfare Officers: 4

Trainee Mental Welfare Officers: 1

Speech Therapy Service:

Senior Speech Therapist:

Miss J. Bellis, L.C.S.T., L.G.S.M., I.P.A.

Speech Therapist:

Miss G. Thomas, L.C.S.T., I.P.A.

County Ambulance Service:

County Ambulance Officer:

E. Evans Hughes.

Deputy County Ambulance Officer:

E. Wright.

Chiropody Service:

Senior Chiropodists: 4

Administration:

Chief Administrative Assistant:

G. L. Britton, D.P.A., A.R.S.H.

Senior Administrative Assistant:

Gwilym Davies.

R H A G A I R

Pleser yw ufuddhau i gais un o'n Cynghorwyr i ysgrifennu rhagair i'r Adroddiad Blynnyddol hwn am y flwyddyn 1967 yn yr iaith Gymraeg—y tro cyntaf er cyhoeddi'r Adroddiad cyntaf yn 1910, hyn yn sicr yn arwydd pendant o gryfder a bywiogrwydd yr hen iaith.

Pleser yw nodi cynnydd boddhaol yng nghyflwr iechyd y cyhoedd. Ni fu unrhyw drychineb na phla eithafol. Bu gostwng yn nifer marwolaethau babanod a marwolaethau cyffredinol o'u cymharu a'r flwyddyn gynt. Gwelwyd cyfnewidiadau o bwys, cyfnewidiadau sydd yn barod wedi gwreiddio'n ddwfn ac sydd eisoes yn dwyn ffrwyth. Cyhoeddwyd sawl erthygl yn egluro amryw agweddau o'r gwaith blaenllaw a wneir yn y Sir—yn sicr bydd yr Aelodau yn cydymfalchio â'r swyddogion yn y cyhoeddusrwydd hwn.

Llawenydd yw llongyfarch ein Cadeirydd, y Meddyg Ifor Davies ar ei anrhydeddu â'r O.B.E. gan y Frenhines Elisabeth. Pleser yw llongyfarch Miss Large ar ei dyrchafiad yn Swyddog Arolwg y Gweinyddesau a Miss Tagg yn Arolygydd Iechyd Ymweled. Hyderwn y byddant ill dwy yn hapus yn eu swyddi newydd.

Fel Canlyniad i argyfwng economaidd Prydain bu'n rhaid cwtogi a gohirio amryw gynllyn i helaethu gwaith yr Adran—trueni o beth a ninnau yn dechrau cael cipolwg o ben y daith. Rhaid ysywaeth aros ysbaid ac yn y cyfamser sicrhau y byddwn yn barod i symud ymlaen unwaith yn rhagor pan fydd yr amgylchiadau yn fwy ffafriol.

Having used for the first time, one of the oldest living European languages to introduce my Annual Report on the Health of Denbighshire for the year, 1967, it seemed an opportune occasion to change the presentation of the Report. It is, therefore, my intention to extend the foreword which is mainly a commentary on factual information and to follow this with the statistical information arranged in a compact order and in accordance with the requirements of the Ministry of Health.

During 1967, the Health Department was reorganised to meet the constantly-changing pattern of modern society as well as the expanding responsibilities which devolve upon a Local Health Authority. Administratively, it was decided to re-form the four Sections into three Sections—Management, Health and Social Services. In this way, it was hoped to bring together in coherent sections:—

- (a) **Social Services**—Maternity and Child Welfare and School Health Services; Health Visiting and Mental Welfare.
- (b) **Health Services**—Home Nursing, Midwifery, Home Help, Chiropody, Immunisation and After-care Services.
- (c) **Management Services**—Statistics, financial and administrative functions.

Whilst it is appreciated that there are no well-defined boundaries in health matters, it has already become apparent that there is much more community and continuity of interest in the new set up than there was in the old pattern.

A Health Department Administrative Handbook.

The production of the Health Department Handbook was the outcome of several years' of enquiry and cogitation. Many Authorities had produced a Handbook, but owing to their rigid format, they were limited in scope and often largely out of date by the time they had been printed. To circumvent this and other limitations, it was decided to evolve a loose-leaf Handbook which had a Section giving personal information regarding the holder of a particular post; another Section containing Standing Orders and Administrative Instructions and a third Section containing advice and guidance on professional and technical matters.

An account of the Handbook appeared in the November, 1967 Volume of the County Councils' Gazette and, as a result, specimen copies were sent on request to nineteen Counties and five County Borough Councils.

While it goes without saying that the preparation of the Handbook entailed a vast amount of hard work and the credit for this must go primarily to Mr. David Davies and the members of the Management Section, it must be realised that this must be maintained on a continuing basis, if full value is to be gained from the significant staff time already invested in the Handbook. It is gratifying that field workers find the Handbook of such value that they always carry it with them.

Communications are of vital importance to the complex administration of a modern department and it must be conceded that the well-tryed method of the written word has much to commend it. This is what the Handbook has achieved—it ensures that every member of the staff has, in one Handbook, a complete dossier of information and instructions which have been compiled to assist the officer concerned in the appropriate performance of his or her duty. It is only right and proper that all officers should

be fully aware of their terms and conditions of Service, of the rules and regulations (Standing Orders) which control their actions and of any change or variation in professional or technical procedures practised within the Authority. Generally, staff are well aware of these unwritten rules of conduct but occasions do arise when a plea of ignorance is submitted as a defence or as an explanation for some aberrant action. The codifying of these simple rules will assist not only the staff but also those who have the responsibility for administering the Service.

Staff Meetings.

Another method used for maintaining communications and fostering good relationships was to arrange periodic staff meetings. These had the advantages of a two-way flow of information as well as developing a good team spirit. From these meetings, Staff were organised into study groups who considered various subjects that were of considerable importance to the professional staff concerned. In this way, it was possible to obtain a considered opinion based on intimate and practical experience of conditions in the prevailing social conditions. Each Study Group reported its findings to the Staff Meeting and after full discussion the final resolution was then transmitted to the Health Committee who invariably accepted the advice or recommendations of the Staff.

This democratic procedure has succeeded in inculcating in the staff a deeper sense of responsibility and a renewed interest not only within their own domain but in the wider problems of a departmental policy.

Departmental Establishment.

In August, 1967, it was necessary for me to draw the urgent attention of the Health Sub-Committee to the parlous staff situation which had arisen directly as a result of the failure of the Establishment Committee in 1966 to improve the Gradings of Senior posts in the Health Department. It has always worried me that there was such a paucity of senior posts in the Health Department for this meant that no sooner had a good youngster gained the necessary experience and qualification than he was forced to leave, in order to obtain his full earning capacity. It is significant that during the past 10 years, 47 administrative staff have left—a staff turnover of 100%; there have been six Deputy County Medical Officers since 1950 and the wastage in the Mental Health Section has been exceedingly high. No Department can stand such a heavy loss without, in due course, being weakened by the inevitable loss of efficiency.

It was particularly gratifying to congratulate on their appointment—Miss Large as Superintendent Nursing Officer and Non-medical Supervisor of Midwives, with Mrs. Parrish as her assistant; Miss Tagg as Superintendent Health Visitor and Mr. Leslie Roberts as Tutor/Health Education Officer.

There were many recruits to the Staff during 1967 who, by now, have been completely integrated. Sadly, we said adieu to old faithfuls who retired after serving Denbighshire loyally and well over a period of many years. How pleasing it is to record that several have extended their service because of staff shortage and some have returned from retirement to help out. This, undoubtedly, demonstrates the fund of goodwill which exists amongst the staff towards the Authority.

Local Government Reorganisation.

For several years past, there have been conjectures regarding the impending Local Government Boundary adjustments which have not contributed to the smooth and secure development of the Department. It must be appreciated that this uncertainty will inevitably lead to indecisiveness, stagnation and loss of initiative. However, it must be conceded that the passage of time favours the survival of our County for it seems that the powers that be are beginning to have second thoughts regarding the validity of the axiom "bigger and better." Indeed, evidence is accruing that this is not so and that the optimum level is substantially less than was once considered to be the case. In my opinion, Denbighshire is nearing the lower population levels of the ideal criterion, whereby it is sufficiently strong to be wholly self-supporting but still retains that irreplaceable personal quality which transforms a public service. The Registrar General's estimated population for 1967 was very nearly 180,000, and if my predictions are well-founded, it may well transpire that the next Census figure for Denbighshire will be close on 200,000.

Furthermore, I am confident that a survey of the current situation would show that substantial progress has been achieved in the Health Services of Denbighshire, since the Boundary Commission Review. It is evident that the County can recruit appropriately qualified staff in the same proportion as larger Authorities and I am confident that such Officers are able to exercise their energies and skills to equal, if not greater, advantage in Authorities the size of Denbighshire as in those Authorities which are of gargantuan proportions. It was significant that Denbighshire succeeded in getting three vacancies in the first Younghusband Courses—approximately 10% of the vacancies—against the might of England and Wales and again, it is reassuring to know that in 1967, our Principal Dental Officer won the open "Leverhulme Fellowship" for the Diploma in Public

Dentistry Course at Dundee, so it can be justifiably claimed, even for a comparatively small Local Health Authority that: "Where there is a will, there is a way."

Statistical Analysis.

Comparatively, the Vital Statistics for Denbighshire in 1967 were satisfactory for, although the Stillbirth, Neo-natal, Perinatal and Maternal Mortality Rates were slightly higher, the Infant and Early Neo-natal Mortality Rates were lower than those for England and Wales. The level of these rates indicate that the Maternity and Child Welfare Services in Denbighshire stand favourable comparison with most other Authorities.

Coronary Disease continued to be a major cause of death. It is pertinent to note that while the number of deaths per year from this cause in Males has stopped increasing, the annual deaths in females has increased by 50% during the past 5 years. From this, it may be fair to deduce that women are now being increasingly subjected to conditions and influences which are conducive and predisposing to Coronary Disease.

Lung Cancer deaths during 1967, increased in males but decreased slightly in females.

Unfortunately, it was not possible to analyse the dietary and smoking habits of those who died from these two diseases, but probably most of them were heavy cigarette smokers, were fond of rich food and were disinclined to exercise regularly. The association between heavy cigarette smoking and lung cancer is well-established, but despite extensive propaganda the number of young smokers has not decreased. Their complete disregard of eventual retribution is characteristic, but of more immediate and tragic import is their irrational acceptance of foolhardy risks which only too frequently end in a crippling or fatal accident. Carelessness is not the prerogative of the adolescent for, despite all the propanda and educative work of Midwives and Health Visitors, two young girls died from burns because neither wore either nightdresses made from a non-inflammable material, nor were there proper fireguards in use.

The Maternity Mortality Rate for Denbighshire has been low for many years and indeed there have been but a very few maternal deaths. Unfortunately, in 1967, one mother died in childbirth which caused the Maternal Mortality rate for the County to be slightly higher than for England and Wales. In the preceding four years there were no maternal deaths—an excellent record which is an indication of the high standard maintained by the Maternity Services in the County.

Family Planning.

National Health Service (Family Planning) Act, 1967.

The Act confers on Local Health Authorities in England and Wales, a general power to make arrangements for the giving of advice on contraception; the medical examination of persons seeking such advice and the supply (by prescription or directly) of contraceptive substances and appliances.

An Agreement was entered into with the Family Planning Association (North Wales Branch) to act as Agents on behalf of the Local Health Authority. Broadly, the Local Health Authority would pay for the medical examination and advice, while the Association paid for the appliances, etc. Undoubtedly, this will be of inestimable value to mothers subjected to frequent and recurrent pregnancies. In the past, one of the insoluble social problems was the recurrent reproduction by parents who neither wished for nor wanted another child. These only too frequently deteriorated into large, feckless and problem families. This sort of situation is now further helped by another enlightened piece of legislation:—

The Abortion Act, 1967.

The Act provides that there will be no offence under the law relating to abortion if an opinion, formed in good faith, has been given by any two registered medical practitioners that termination of a pregnancy would be justifiable in a particular case, on any grounds set out in the Act.

There are those who will have strong, conscientious objections to these provisions but the fact must be faced that illegal abortions have been performed in this country and that many lives have been lost and much chronic ill-health caused by unskilled attempts at abortion. It is to be hoped that this subterranean, subversive activity will cease now that the necessary steps can be undertaken legally, without fear of prosecution. It is barely 30 years since a test case involving an internationally known Obstetrician led to his conviction for having performed an operation to terminate the pregnancy of a young girl who had been criminally assaulted. This enactment, while rectifying the statutory situation places heavy moral and ethical responsibilities on the medical profession and it is to be hoped that this hard-won freedom will not be abused.

The Unmarried Mother.

It is significant that since 1955, the number of Illegitimate births per year in Denbighshire has increased by about $2\frac{1}{2}$ times. In 1955, about one in five of the unmarried mothers were

admitted to the Home for Unmarried Mothers—Bersham Hall, while in 1967 the ratio had gone down to one in twelve. Of those admitted, approximately half were in the age group 16-21 years; the peaks were in the 19 and 20 year old groups, while the full age range extended from below 15 years (4) to 44 years (1).

During 1955-1965, there were 637 unmarried mothers admitted from the six North Wales Counties to Bersham Hall and of these, classified in accordance with the Registrar General's classification of Social Classes, there were 5 in Social Class I; 64 in Class II, 51 in Class III; 250 in Class IV and 267 in Class V. Generally, from the annual admission, the number of infants placed for adoption ranged from 50—70% while those retained by the mothers ranged from 20—40%. Many of these unmarried mothers entered into matrimony either while at Bersham or within a relatively short time after leaving but, unfortunately, no record of subsequent marriages has been maintained. However, in the years 1963-1964-1965, it is known that out of a total admission of 196, 18 girls married the putative father, while 32 contracted marriages with other partners.

Comparatively, Denbighshire's Illegitimacy Rates are at about the same level as for Wales as a whole, which is significantly less than for England and Wales, but the substantial rise which has occurred in recent years is a cause for deep concern.

In a factual report of this nature, it is not for me to philosophise on the contributive causes to this unhappy trend, but merely to outline the policy of this Authority towards the problem. Earlier in the Report, reference has been made to the Family Planning Clinics established in conjunction with the North Wales Branch of the Family Planning Association. These facilities together with appropriate Health Education should help to reduce the illegitimacy rates. The Abortion Act, 1967, may if wisely implemented prove a second line of defence against the tragedy of the unwanted child. However, the full implication of an operation for the termination of pregnancy must be weighed carefully against the tribulations that may follow an illegitimate birth, particularly as it is acknowledged that, even under ideal conditions and in the hands of an expert, the operation to terminate a pregnancy is by no means free of risk.

Home for the Unmarried Mother and Child—Bersham Hall.

In 1952, Bersham Hall was opened as a joint project by the six North Wales Counties. It is a large country house with spacious grounds, located some two miles outside Wrexham. Here, eighteen unmarried mothers and babies can be accommodated under the supervision of a Matron and Deputy Matron who

are assisted by a full-time cook, gardener/handyman and a part-time domestic help. The Home is administered by the Bersham Hall Joint Committee composed of two representatives from each Authority, together with their appropriate Officers. Executive responsibility rests with the County Medical Officer of Health, Denbighshire.

With the full approval of the Committee, the Home has been conducted on as informal a basis as possible. Rules and regulations are minimal and every effort has been made to create a friendly and homely but secure atmosphere. Throughout the fifteen years of the Home's existence, hardly any Unmarried Mother has left or been evicted because of inability to settle, although difficult and disturbed girls have had to be admitted on occasions. This, in itself, is an indication of the solace, security and stability which the Home provides for these Unmarried Mothers during a grievously stressful and critical period of their lives and indeed this is further supported by a high proportion of ex-residents who keep in touch with Matron and send Christmas present to the Home and also photographs of themselves and of their families. This deep and abiding gratitude which most of the Unmarried Mothers have for Bersham Hall is particularly surprising when it is realised that they have widely different social, cultural and intellectual backgrounds.

During this three month stay at Bersham Hall, the girls live as normal a life as possible. They are expected to take their share of the household work, to help in the kitchen and laundry, to care for the nursery and to look after their own babies. Matron and staff give talks and organise demonstration on various aspects of housewifery. A local General Medical Practitioner provides medical care while their ante-natal supervision is undertaken at the Maelor Maternity Unit.

Generally, the Unmarried Mothers have made arrangements for the future of their offsprings before being admitted but when this is not so, every help is made available to them. If the baby is destined for adoption, then the various Voluntary Organisations are asked to help.

More recently, the Denbighshire and Flintshire Adoption Committee, established as a Local Authority Service by the two Counties, has started to arrange Adoptions. This Committee has the advantage of having at its disposal the expert services of a Local Authority which should ensure that all factors influencing the baby's future are meticulously considered. Each baby is submitted to a full medical examination before it is placed for adoption and similarly every prospective parent is vetted carefully.

The Adoption Act, 1958, clearly specifies the procedure to be followed and as long as this is observed, the future of the baby

is reasonably safeguarded. In the first instance, it is vitally important to ensure that the baby is fit for Adoption and unless the rigorous requirements of a social and medical examination are fully met, it would be unfair to place a baby into the care of Adoptive Parents. Similarly, it is equally, if not of even greater importance, to ensure that the Adoptive Parents are suitable for and appropriately motivated in wishing to Adopt an infant. It is in this situation that there is the greatest need for the closest possible co-operation so that a humane and wise decision can be made.

If the infant cannot be placed for Adoption, it is then taken into care by the Children's Department of the Local Authority. In the early days of Bersham Hall, this caused some administrative difficulty, for the infant, because it was born in Denbighshire, although the mother had been admitted from one of the constituent Authorities, became according to the strict legal interpretation, the responsibility of the Denbighshire Children's Department. This obviously, had to be ironed out on a common sense basis and now each constituent Authority accepts fully, responsibility for both mother and child.

For the mother who decides to keep her baby, life can be arduous even though Affiliation Orders may ensure a contribution towards the maintenance of the child. Generally, the mother and child manage fairly well if they are welcomed back into the family home but when this is not so, then there is but little help or support forthcoming.

There are no Day Nurseries in Denbighshire and only a few Nursery Schools or Classes so, as a rule, the majority of these girls have to find living-in, domestic work. It is not every employer that is prepared to accept this sort of situation.

The experience gleaned since opening Bersham Hall has led to a change of attitude for no longer can one aver with conviction that the best interests of mother and child are always served by keeping them together, particularly as many of the Unmarried Mothers who wish to keep their children are often the least stable or competent to do so. It must be conceded that each case must be considered upon its own merits.

Capital Building Programme.

Since the opening of Queen's Park Child Health Centre in 1960 the Local Health Authority has made substantial progress in building suitable premises for Health Department purposes. It was about 1960 that the Health Department first submitted a 5 year development plan which was subsequently followed, in 1963, by a 10 year plan.

In compiling the original Capital Building Programme care was taken to take into account the availability of resources—architectural, legal and financial. In addition, a Progress Chart was prepared which showed clearly in sequence the various administrative steps which had to be followed and in addition the estimated time that each step would take. Generally it transpired that from the time a project was initiated administratively until the contractor began work on the site, a period of about two years had elapsed and as a rule a further 9 - 18 months elapsed before the completion of the building. Yet, despite the Chart and constant prodding, the programme had fallen behind the forecast dates. So, it was a particular disappointment to me when, due to the National Financial Crisis, it became necessary to postpone further various cherished schemes, particularly as, at long last, there was a ray of hope that our requirements would be met in the not too distant future. To add gall to our disappointment there are the glowing reports of those members of the Staff who, in recent years, have moved from rented premises to new purpose-built and excellently designed and equipped Centres.

Community Medical Care.

In recent years, much has been written about Health Centres and attachment schemes and undoubtedly these developments help to lay the foundations of sound community medical care, but undeniably, the successful establishment of such a service, is mainly dependent not on material things but on a cordial and co-operative inter-personal relationship.

In the early 1950's, I had many discussions with General Medical Practitioners regarding the possible collaboration in building and sharing premises but invariably the discussions foundered on the hard rocks of finance. Later General Medical Practitioners were enabled to borrow capital at very favourable terms for the purpose of building new Surgery Premises. This was done by many of the progressive Group Practices in Denbighshire and obviously they are now financially heavily committed and cannot, therefore, participate in a Health Centre Scheme. In any event, only a few of the population groupings in Denbighshire exceed 10,000 which would barely warrant establishing a composite Health Centre. However, there has been substantial progress in several directions.

In January, 1967, a Group Practice of four doctors rented Surgery accommodation at the two new Child Health Centres at Brynteg and Gwersyllt. At the Gwersyllt Centre there were only two doctors and they were adequately accommodated, but at Brynteg there were four at various times and occasionally three at one and the same time. As neither Centre had been planned to house General Medical Practitioners, the available accommoda-

tion had to be re-allocated and an agreement reached that all rooms would have interchangeable functions. In other words, Consulting Rooms were used by more than one doctor, but invariably the same doctor used the same room. Fortunately, there was a cordial relationship between all the General Medical Practitioners and the Local Health Authority Staff and in consequence, there was a lot of give and take.

The Child Health Centre at Gwersyllt has ample accommodation for clinical purposes as well as an administrative section which provides offices for the Health Visitor, District Nurses and Mental Welfare Officer for the area. A small store room was easily converted into a Surgery Office and a clerk from the Health Department was appointed to a joint post of General Medical Practitioners' Receptionist/Clerk for the Local Health Authority. Apart from this minor adaptation, the Clinic proved to have been admirably suitable for Surgery premises.

The situation at Brynteg was more difficult because in the first place, it was a smaller building and unfortunately, all four doctors wished to hold surgery sessions there. The District Nurse/Midwife held her clinic in the Dental Recovery Room and the Health Visitors camped in the kitchen, together with the Receptionist/Clerk. This situation was quickly relieved by providing a counter with cupboards for the doctor's receptionist and records. Subsequently, a portion of the very large entrance hall and pram shelter was portioned off to provide an office for the Health Visitor and a Clinic room for the Nurse. A third Clinic is now nearing completion at Brymbo and this will meet completely the requirements of this Group Practice, who will then work entirely from modern and well-equipped premises.

There are several interesting features in this development. When the Centres were being planned, all the doctors working in the area were asked whether or not they wished to utilise any part of the proposed Centre for Surgery purposes but none did at that time. When the Clinics were nearing completion, this Group Practice enquired whether or not they could use the premises and therefrom flowed a series of consultations which culminated in their renting accommodation in the Local Health Authority Centres. From the outset, it was understood that they would have to share the premises and that no part would be set aside solely for their use. It was suggested that the Group Practice should undertake, on behalf of the Local Health Authority, sessions in the Child Health and School Health Services but the doctors preferred to continue with the existing arrangement whereby that work was done by an experienced Medical Officer on the County Staff.

Apart from the heavy commitments of the practice the other important reason was the cordial relationship existing

amongst all the doctors concerned. Because they worked from the same Centre and actually shared accommodation, they got to know one another well and a happy team spirit developed. Generally, the Medical Officer would be about finishing the Child Health Clinic when the doctor would be arriving for his evening surgery. The contact thus made, lead to an exchange of information and discussions regarding various mutual problems, so that no advice was given, nor action taken, in isolation. Again, the Health Visitors have been in the happy position of meeting and discussing with the doctors, their manifold problems which has strengthened their position, widened their field and increased their efficiency and responsibilities. The District Nurse/Midwives have invariably been close to the General Medical Practitioner but in this set-up they feel very much part of the team.

This pattern has evolved spontaneously. There have been no formal arrangements; but it must be conceded that most of the staff concerned had worked with these particular doctors over a period of years. It is also fortunate that the catchment area of the practice is very nearly co-terminous with that of the Local Health Authority Centres. Yet, there were about twenty-five doctors attending patients within this area, but about 70% of the patients were registered with the Group Practice. Wisely, the Group Practice have, I understand, decided to limit their practice to this area and it is beginning to appear that other doctors are adopting a similar attitude. This rationalisation of attitude by the General Medical Practitioners will have far-reaching repercussions for undoubtedly it will reduce substantially, the waste of doctors' time in travelling vast distances to see a cherished patient. It is one thing for a doctor to indulge in his particular whims and retain distant patients on his list, but it is an entirely different matter for a public service which is accountable to the community for its economic and efficient operation. In this respect it does seem to me regrettable that the travelling allowances for distant patients seem to afford a financial inducement to the doctors particularly when a time and motion study would reveal that many doctors spend as much as a third of their working day in travelling. While attachment of Local Health Authority Staff to Medical Practices may work well in a densely populated area, it would be an extravagance in most parts of Denbighshire for generally most of the General Medical Practitioners seem ready to travel up to 15 or 20 miles to look after patients and in consequence, there are villages with a population of about 4,000 to 6,000 where 12 to 20 doctors attend. Gradually, the position is improving and doctors are themselves limiting their practices to a reasonable radius from their base. This trend will enable the Local Health Authority to establish, with the major Group Practices in an area, a Domiciliary Medical Service Unit which should be the foundation for future developments.

The reactions of the staff have been enthusiastic and encouraging and although the closer association with the doctors has resulted in increased demands, it is obvious that job satisfaction has improved substantially. Personal contact enable cases to be discussed more freely than on the telephone or via the message pad or clinical notes. Participation in minor surgery, supervision of plaster dressings and minor injuries and the routine testing of urine and blood, have helped to make the job more worthwhile. The pooling of information by all the Staff at the Centre, together with a free and easy discussion have led to better understanding and closer co-operation. Most important of all perhaps has been the reaction of the patients who, without exception, appreciate the comfort of the new premises and the immediate availability of all the Local Health Authority Services. Strangely, many of the elderly enjoy their periodic treatment visit to the Clinic Nurse and prefer their trip out to receiving a home visit.

Apart from the foregoing, there are other General Medical Practitioners who have rented Centre accommodation. At Llay, the two doctors concerned sat down with County officials to re-plan an old Wartime Day Nursery for Child Health Centre and Surgery premises. With but a few hundred pounds expenditure the premises were converted into a comfortable and well-planned unit. In this instance, the doctors work for the Local Health Authority on a sessional basis both in the Child Health and School Health Services. This has ensured complete integration of the preventive and curative services.

In previous reports, I have mentioned long-standing arrangements whereby Health Visitors, Nurses and Midwives attend Ante-natal and Child Health Clinics in the doctors' own surgeries. These long-established arrangements work well and achieve the same objectives although in a different way.

From these various schemes, there will emerge a reorganisation which will harness fully the initiative, skill and dedication of the Domiciliary Medical Services for the betterment of the Health of the Community.

The Domiciliary Midwifery and Nursing Services.

It was in July, 1967, that Miss Large officially commenced her duties in the post of Non-Medical Supervisor of Midwives and Superintendent Nursing Officer, although she had been performing those tasks since before the beginning of 1967. At the same time, Mrs. Parrish was appointed as her assistant. Apart from this, there were no fundamental changes in the Midwifery Service but the trends of past years were further consolidated by

arranging for Denbighshire Midwives to be seconded to the Maternity Unit at the Maelor Hospital, Wrexham, for a fortnight's practical placement.

Apart from 6 whole-time Midwives, there are 42 District Nurse/Midwives employed by Denbighshire and of the latter, approximately 60% delivered fewer than 5 babies a year. In these circumstances, it is difficult to retain the confidence and the skill which are so essential to good domiciliary midwifery. During discussions, the Midwives expressed their wish for a practical placement in a Hospital Maternity Unit. With the approval of the Health Committee, a Scheme was prepared in conjunction with the Hospital Staff which, in due course, received the approval of all concerned.

Refresher Courses.

Every practising Midwife must, in accordance with the rules of the Central Midwives' Board, attend a Refresher Course at intervals of no longer than 5 years. Many Authorities have organised such Courses to which, in the past, Denbighshire Midwives have been sent. However, there were those who, owing to family commitments, could not leave their homes for longer than a day at a time and because of their inability to go on a Refresher Course, they had to cease practising as Midwives. To meet this difficulty, it was decided to arrange a half-day release Refresher Course to which Midwives from neighbouring Authorities would be invited to attend. A syllabus was duly prepared and a request for formal approval of the Course was submitted to the Central Midwives' Board who, in due course, following minor amendments, gave it their approval.

It was pleasing to receive so much co-operation in establishing this unique Refresher Course which I understand, is the only one of its kind. At the time of writing, the Course is nearing its end and it would seem that on the whole it has been most successful although there are minor adjustments which should further enhance its value.

So, during 1968, 12 Denbighshire Midwives will have attended Theoretical and Practical Course organised by the County in association with the Maelor Maternity Unit and it is hoped that, in addition to the theoretical and practical knowledge they will have gleaned, they will come away knowing personally those members of the staff of the Hospital, General Medical Practitioners and Local Health Services who previously were merely names.

Study Day.

The Denbighshire Branch of the Royal College of Midwives arranged a study day which was attended by about 50 Nurses, including several from neighbouring Authorities. A wide range of subjects were covered by speakers who were prominent in their particular speciality and undoubtedly, it benefited all present to have such lucid dissertations on recent developments.

Part II Midwifery Training School.

It was possible during 1967 to arrange for 18 pupil midwives to receive tuition and to deliver the necessary number of babies, on the district.

District Nurse Training.

It is sad to realise that in May, 1968, the Queen's Institute of District Nursing relinquishes responsibility for the training of District Nurses which it has pioneered and through which it ensured a high standard of Home Nursing. Throughout the years, most of the Home Nurses in Denbighshire have been and still are Queen's Nurses so our debt to the Institute is a large one of long-standing. Apart from acknowledging our indebtedness, the only other way to show our appreciation is by continuing our affiliation to the Institute.

During 1967, following a visit from two Nursing Officers of the Welsh Board of Health, approval was received to the continuance of the Denbighshire District Nurse Training School.

Long Service Badges.

The Queen's Institute of District Nursing awards to their members with 21 years' District Nursing Service, the Long Service Badge. These are presented ceremonially at the Annual General Meeting of the Institute. On this occasion, Her Royal Highness the Princess Margaret, Countess of Snowdon, presented the badges and two Denbighshire Nurses, Mrs. L. I. Jones, Ruthin and Mrs. O. Parry, Llay, went down to London to receive their badges. In accordance with tradition, the Authority granted them the necessary time off and generously paid their travelling expenses—a gesture which was much appreciated by all the Staff.

Home Nursing Administration.

Last year, the County was sub-divided into areas in which about 4 - 6 Nurses were employed. These areas formed the basis of a self-administering Group of Nurses to whom were allocated the responsibility of ensuring at all times, an adequate Nursing

Service within their area. Each group had itself to arrange off duty, holiday and sickness cover and although no one Nurse was allocated administrative responsibility, it so transpired that instinctively the Group looked to one or two of its members for leadership. Inevitably, there was some indecision in the early stages but this new responsibility of self-government has been a challenge to which the Nurses have responded magnificently and it is rarely that any Group has had to appeal for reinforcements even during the customary winter periods of respiratory infections. Another advantage has been a substantial reduction in central administration for each group can cope with its own emergencies and this has resulted in a substantial reduction in telephone messages and the number of letters written.

Nurses Staff Meetings.

Autonomy might lead to isolation and to prevent this, strenuous efforts were made to ensure regular contact and good liaison by frequent Nursing Officer visits to the Nurses; by dissemination of information on an organised basis through the appropriate sections of the Departmental Handbook and by convening regular Staff meetings.

At the staff meetings, Nurses are encouraged to participate in discussions, to report on any new development or event of particular interest and to summarise the content of any Course or Conference they may have attended. Periodically, a "Working Party" is set up in order to give detailed consideration to a proposed new development and extension to the Service. In these ways, the Nurses are made to feel that they are actively participating in the administration of the Service and in determining the policy governing their own affairs. The free flow of information out of and back to the Central Administration is vitally necessary for the efficient running of a Service and it is gratifying to know that the Nurses themselves, find the Staff meetings informative and stimulating. Undoubtedly, this sort of contact is instrumental in preventing misunderstanding and in producing a harmonious note in staff relationships throughout the County.

Night Nursing Service.

The increasing emphasis on Domiciliary Care has added to the load of the Home Nurse. Changes in Hospital policy have repercussions on the domiciliary services. In recent years, hospitals have been discharging patients as soon as active treatment has been completed or when it has reached a point where no further therapeutic benefit can be obtained by prolonging hospital treatment.

Patients are, therefore, returning home who need a considerable amount of medical and nursing care. In particular, there are those at home who are in the terminal stages of their illness and who need nursing attention late at night. A survey of this type of case showed that there was a need for about 2,000 visits per annum to such cases.

Retirement.

Mrs. M. J. Holland, of Clawddnewydd, and Mrs. A. Hooson, of Coedpoeth, retired after 30 years in the District Nursing Service. It is a pleasure to record my appreciation to both for their devoted and loyal service.

Health Visiting Service.

From 1st July, 1967, Miss Tagg undertook the duties of Superintendent Health Visitor and in view of her experience as Senior Health Visitor in Colwyn Bay and her knowledge of the County generally, she settled quickly into her new post.

The manifold responsibilities of the Health Visiting Service place a very heavy burden on the personnel concerned, particularly as demands are constantly changing. Recent years have witnessed an improvement in the relationship between the General Medical Practitioner and the Health Visitor, especially where they work from the same premises. Where this has occurred, the Health Visitor is no longer working so much in isolation and indeed she now finds herself meeting regularly, not only doctors but also the nurses and social workers of her area. This helps to develop the team spirit which will convince everyone that the Health Visitor must be an integral part of the Domiciliary Medical Service Unit.

Statistics indicate that a large volume of work was done during the year, but it would be unwise to over-emphasise this yardstick for surely, one visit to a difficult case can absorb many hours of valuable time which would otherwise have been recorded as a series of less onerous visits.

Generally, it would seem from an analysis of the type of case visited that the majority of visits are paid to mothers and young children but there is a steadily increasing number of visits to the elderly. These two groups mainly occupy most of the time of the majority of Health Visitors who, on the whole, have no deep interest in the problems of the Mentally Disordered. It would seem that more selective visiting must inevitably follow on current developments and the Health Visitor must be released from traditional bonds which still tie her very much to mother and child. It is, therefore, incumbent on those responsible for

policy to define priorities and to ensure that the Health Visitor receives reassurance and understanding throughout these evolutionary changes.

There is, of course, a wide range of divergence in the types of visits paid by individual Health Visitors, some of which can be explained by the different communities which they serve and to some extent by individual preference and training. It is pertinent that one of the most successful Psychiatric Social Clubs for the Subnormal is organised by a Health Visitor.

In the early part of the year, the Health Visitors established Working Parties to consider administration, health education and ancillary help. It was gratifying to note the enthusiasm, initiative, drive and dedication with which they tackled these problems and it was particularly pleasing to find that the various reports met with such wholehearted support. During the year under review, the Health Visitors have been encouraged to think and act responsibly without central direction and this has led to a new maturity and stability. Individual concepts and schemes have been given encouragement and guidance with substantial benefit to the Service. I have been especially pleased with the improved relationship amongst the various field workers, both within and from other Departments.

Staff Changes.

During the year, two Health Visitors resigned and two retired. Miss S. C. Evans, Denbigh, had been with the Department for more than twenty years while Mrs. A. Martin, the School Health Nurse, Wrexham, had been with the Wrexham Borough prior to joining the County Council in 1948. I wish to record my deep appreciation to both for their devoted and loyal service over the years and particularly to Miss S. C. Evans for returning on a part-time basis to help out until a replacement could be obtained. Two other ex-Health Visitors have been re-employed on a part-time basis—Mrs. G. Jones in Wrexham and Mrs. M. R. Roberts in the Cerrigydrudion area. There is something very pleasing in welcoming ex-members of Staff back to the fold.

Our congratulations went to Miss E. M. Coghlan and Miss M. J. Harrison in completing successfully their Health Visitors' Course and we were glad to have them back to fill the vacancies on the Health Visitor establishment.

Miss J. Gilbert has been seconded to a Health Visitors' Course and from all accounts is making good progress.

Child Health Record Cards.

Denbighshire Health Department has evolved a composite medical and social record card for use in the Child Health Clinic and in the School Health Service. In many respects, the card resembles that produced by the Society of Medical Officers of Health and the School Health Record Card (M.10). It is contained in a strong envelope which can hold any additional medical reports or records applicable to the child. The card has been designed so that doctors and Health Visitors can both record their observations in it and in this way, a comprehensive medical and social record is available immediately.

The card presents no administrative problem in an urban area, but in more scattered districts, difficulties arise. Mothers do not necessarily take their infants to the nearest clinic and unfortunately, Health Visitors do not all have a permanent base.

As a result, a series of pilot schemes have been tried in order to find a suitable administrative procedure. It has now been deduced that in such circumstances the main card has to be supplemented by a small Immunisation card and a supplementary inset Card.

Apart from these minor adaptations, the Combined Medical Record Card has the merit of providing a comprehensive medical and social report on the child which is proving of considerable value, particularly now that they are, at long last, percolating through to the Schools.

Ambulance Service.

The gradual build up of the Ambulance Service approached its appropriate level during 1967 and there only remained the final adjustments consequent upon the opening of the new Ambulance Headquarters. Since his appointment in 1965, the County Ambulance Officer Mr. Eric Evans Hughes, has taken a firm hold upon the Service and I have pleasure in extracting the following from his Annual Report:—

“ This year 1967 has again proved that the demand on the Ambulance Service continues to rise unabated and the graph on page 87 indicates just how sharp this increase has been, in comparison with the years 1955 to 1960, when the service enjoyed a relatively stable period. Records show that this year, transport in the fields of Mental Health, ‘Physiotherapy’ and After-care Clinics have been significantly heavy, but as patients in these specific fields of the Health Service present both social as well as medical

problems, additional transport costs are a small price to pay if it assists in the return to normal community life. A real attempt has also been made to endeavour to reduce the time that patients are kept waiting in hospitals after treatment and clinical attendances and though this inevitably means additional mileage, the results achieved so far have been gratifying. There is still room for careful scrutiny of 'real need' for special transport requests and though the patient should be given the benefit of any reasonable doubt, many journeys are abortive because patients have made their own way to hospital or cancelled their appointments without notifying those involved in providing and arranging transport. Abortive journeys are costly in time and mileage but often seriously impair the efficiency of the service.

"Despite the increases, long term planning with such increases in mind, has enabled the service to contain the demands made upon it and not the least contributory factor is the goodwill and loyalty of the operational staff. They have carried out their work with enthusiasm and pride and are keen on furthering their knowledge and skill for the benefit of those they serve. Training has been continued along the lines of previous years and it is encouraging to note that interest at 'Ministry' level in Ambulance Training is becoming more evident day by day.

"The National Ambulance Competition held annually is designed to further the efficiency and capabilities of Ambulance personnel and it is gratifying to note that in the last seven years a team representing Denbighshire has won the 'Welsh' final five times. Shift Leaders Eric Evans and D. O. Williams represented the County at Newtown in June this year and as a result of their success, went on to represent the Principality in the National Finals at Solihull in October. The success of these two men is an indication of the standard and quality of the service in general, proving that the policy and level of training in the Authority's service is the right one. In this field, valuable assistance has been given by General Practitioners, Consultants, Hospital Staff, Police and the Medical and Administrative Staff of the Health Department, all of whom have played their part in producing the team work so essential in this service.

"The Voluntary Organisations have again this year played a valuable role in maintaining the 'team spirit' and their contribution is one that is to be highly commended. Without their support and loyalty, it would be more difficult than ever to meet the increasing demands and still keep increasing expenditure to its minimum.

“ The County is fortunate in also having many reliable taxi drivers who assist the service and their endeavours are a valuable asset in the day to day provision of transport.

“ This year has seen the introduction of three permanent Control Staff in preparation for the establishment of a 24 hour control at Wrexham. Operational Staff have been increased by 6 again in preparation for a 24 hour shift duty rota which will be implemented on completion of the new Ambulance Headquarters.

“ The fleet of Ambulances of a comprehensive nature, capable of meeting the varying needs is being maintained and although the Austin 152 chassis, which has proved in this County to be an excellent ‘bread and butter’ vehicle, has been withdrawn from production, an improved modified chassis to be known as the Austin JU-250 has been produced and four vehicles of this type are now on order as replacements in the fleet.

“ Whether it be town, or country need, the service is equipped to supply the right type of ambulance for any contingency.

“ The maintenance of Ambulances and County Vans and cars has been carried on by the Transport Maintenance Officer and the Apprentice Mechanic, the latter members of the team showing excellent promise in his training period. The maintenance bay at the new Station should assist materially in the servicing, etc., of all vehicles and will relieve the difficult conditions under which this work is carried out at the moment.”

Prevention of Illness, Care and After-Care.

Prevention of Tuberculosis: Dr. E. S. Lovgreen, Deputy County Medical Officer reports as follows:—

“ Tuberculosis is an infectious disease, still prevalent in the community, capable of affecting persons of all ages, of causing prolonged ill-health and death. A great deal has been written in recent years about the advances in treatment and the changed outlook with regard to the incidence of tuberculosis in the future. Professor Etienne Bernard in the Inaugural Address at the International Chest and Heart Conference in Eastbourne in April, 1967, emphasised the changed outlook regarding tuberculosis by quoting two questions which have been asked in the past 30 years.

"1937, the question: 'Should one consider the possibility of his death' was asked about the person suffering from tuberculosis.

"In 1967, the question: 'Should one consider the possibility of its death', was asked about the disease itself.

"He went on to suggest that this last question can only be answered when we can say that tuberculosis has become a rare disease. In defining a rare disease, he supposed that doctors would agree that a disease is rare if a doctor sees an average, 1 new case every 5 years or 5 to 6 cases during his whole medical career.

"Using these criteria and taking the number of newly-notified cases of tuberculosis in the County for 1967: 59, with the number of general practitioners in the County: 99, each Doctor in Denbighshire will see, on average, 1 case of tuberculosis every 20 months.

"Professor Bernard from figures based on 1964 statistics showed that Denmark had already reached her goal of 1 case every 5 years, for each Doctor; Canada and U.S.A. were not far behind with 1 case every 4 years, then the Netherlands with 1 case every 3 years and Great Britain came next with 1 case every $2\frac{1}{2}$ years.

"Thus, neither Great Britain in 1964 nor Denbighshire in 1967 had yet reached the position where we could say on this criteria, that tuberculosis is a rare disease.

"If we now look at the mortality figures for tuberculosis as a guide to where we stand, we again find that Denbighshire with a death rate from tuberculosis of 4.5 per 100,000 is above the National figure of 3.7 per 100,000.

"The tuberculin positive rate amongst the School-children tested prior to B.C.G. Vaccination in their 13th year fell slightly but at 22% is still higher than the National average.

"We cannot, therefore, sit back and rest on the achievements of the past 10 years, substantial as these have been; the notifications per 100,000 having fallen in that time from 98.2 to 32.7 and the death rates from 15.3 to 4.5. Advances in chemotherapy have given us the weapons by which the active cases of tuberculosis can be cured, but much depends on the response of the individual. Rest from work and treatment represent, in a way, a loss of freedom which often makes man rebel against it. Drug treatment improves the

tuberculous patient's general condition so quickly that he soon feels well. Is it human nature to take care of oneself when one is feeling well? The work of the tuberculosis health visitors is of the utmost importance here, in guiding the individual over these periods of rebellion against treatment and advice and it is their regular visits to the patients and their families which have been and remain one of the basic requirements for the preventive and after-care work in this field.

“ The notifications for the year show an increase in total numbers of 14 over 1966. The age groups between 35 and 64 showed the most marked rise with 33 cases falling in this range as against only 17 in the previous year. Fewer elderly males were notified, but males still predominate throughout and outnumber female notifications by more than 2 to 1.

“ 6 children of school age and 2 under the age of 5 were notified.

“ In all but 2 of these cases, it was possible to demonstrate contact with known adult infectious cases and in fact, the 6 involved were picked up on examination as contacts. 2 were contacts of a neighbour and 2 others, cousins, were contacts of their common grandfather. Thus, the contact tracing of adults must include any child contacts they may have, be they amongst grandchildren away from the home but visiting frequently, or neighbours' children who may be in contact through casual visits between homes.

“ The deaths from tuberculosis totalled 9 and all were of persons over the age of 55. In many cases, the disease was long-standing and complicated by other factors. One case—a collier for 40 years—was also receiving a pension for pneumoconiosis. In other cases, there were histories of associated bronchitis and emphysema and terminal cardiac failure.

“ The number of names on the tuberculosis register continues to fall as many more patients are classed as cured by the Chest Physicians after the requisite period of observation.

“ Thus, whilst there are some aspects of the problem which remind us that tuberculosis is not yet defeated, the overall position is one of a steadily-contracting group of infected individuals and with continued efforts the aims set by Professor Bernard may not be too far distant.

“ Throughout 1967, the Mass Radiography Service of the Welsh Hospital Board continued to pay regular visits to Wrexham, Ruthin, Denbigh and Colwyn Bay and to provide a means of free access to chest X-ray facilities for anyone wishing to avail him or herself of this service.

“ These facilities are to be withdrawn at the end of 1967 following a review by the Welsh Board of Health of the operation of the Mass Radiography Service throughout Wales. This indicates that the circuit units were providing a service to a relatively small number of the population, that they had only a small yield of the total number of cases of tuberculosis and that the cost of the service was relatively high.

“ The Board propose in the future to operate one Mobile Unit in the North Wales area which will carry out factory visits, special surveys and an annual visit to the places previously served by the Circuit Units.

“ The facilities of the local hospital radiography departments and chest clinics will be freely available for general practitioner referrals from amongst whom a higher yield of cases of tuberculosis has always been recorded.

“ These changes must be accepted as a realistic appraisal of a costly service and only the future will show whether any deterioration in the Tuberculosis notification rates and undue delay in diagnosis of individual cases of Tuberculosis will arise.”

Mental Health Service.

During recent years, I have had occasion in every Annual Report to draw attention to some extension or new development in the Mental Health Service. One of the memorable occasions in 1967, was the Official Opening of Powys School for the Mentally Subnormal by Goronwy Roberts, Esq., M.P., The Minister of State, Department of Education and Science.

Powys School.

For those of us who had been concerned with the project from its conception through the planning, building and finally occupation, this was a realisation of long-cherished dreams. Compared with many Authorities, Denbighshire was in 1955 fortunate in having an Occupation Centre housed in such suitable accommodation as the Child Welfare Centre, Gwersyllt, for it lent itself very nicely to that purpose. Within a few years of opening the Occupation Centre, developments indicated the need for a purpose-built School which would meet future requirements.

Much thought was given to the probable future needs, to the sort of building and its planning, to the type of equipment and most important of all, to the staffing. There were no pre-determined patterns nor guide lines which could be followed and Powys School is, therefore, unique in many ways.

“ In the original concept it had been decided to depart from the traditional training attitudes and evolve educational patterns approximating those in Special Schools. Accordingly, Powys School has many of the features of Special Schools—a gymnasium, classrooms and practical classrooms rather than work or occupational therapy rooms. The equipment also has a distinctly educational bias and consequently there is greater emphasis on teaching, than training. Gradually, the Headmaster and his staff are evolving new teaching techniques which it is hoped will improve the attainments of the pupils.

Domiciliary Residential Accommodation for the Mentally Disordered.

Hospital policy has changed substantially since the inception of the National Health Service in 1948. Prior to that date, the Local Authorities were responsible for caring and providing accommodation for the sick and needy so that whether it was curative or custodial care mattered not, as far as cost was concerned. The situation is now entirely different for the Hospitals are now a direct charge on the Central Exchequer funds while Welfare and Local Authority Services fall on the rates. In fairness, it must be conceded that finance is not the only consideration, for generally, convalescence is quicker in the home environment than in Hospital. There are, therefore, cogent reasons for the early discharge of patients from Hospital as soon as active therapy has attained its objective and this is particularly true of psychiatric and geriatric patients. Over the years the number of long-stay patients at the North Wales Mental Hospital had steadily increased although many could have been discharged if suitable domiciliary accommodation had been available. Similarly, there were many geriatric patients occupying Hospital beds because they had nowhere to go. Because both types of Hospital were overloaded with patients merely requiring custodial care, the active therapeutic work of the Hospitals could not be carried out efficiently. The Hospital Authorities decided to reduce the admission of the elderly confused to either the Psychiatric or to the Geriatric Hospitals.

In addition, they embarked on a scheme for discharging long-stay patients, whose behaviour pattern was fairly reasonable, into boarding houses.

Psycho-geriatric Patients.

The problems of old age are well-known, but few can be fully aware of the poignant tragedies occurring in the elderly. These seem to be more prevalent in the urban areas, where community bonds are not so strong as in the countryside.

With failing faculties, the elderly imperceptibly withdraw into a world of their own, having severed their connections with families and friends. They become cantankerous, slovenly, indifferent, forgetful, vindictive and hallucinated, with the result that they antagonise everybody. These changes are particularly characteristic of those who throughout their lives have had rather aggressive, domineering and awkward personalities who, in old age, become even less lovable and co-operative, with the result that they soon become isolates. More women live longer than men and this sort of situation is seen most often amongst elderly women. A surprising comment from a "Meals on Wheels" worker was that the old men were clean, neat and tidy and appreciative, which was more than could be said of many of the old women. One case which seemed to epitomise all this was an elderly woman living in a terraced house who was found to be existing in unbelievable squalor. She owed money for electricity, gas, water and for the rates, with the result that these had been disconnected. She had sought solace in drink and although attempts had been made to gain entry at various times, it was not until the Mental Welfare Officer got in, that the terrible state of filth was observed fully. Since the various services had been disconnected, she had not been able to dispose of any waste matter and this had accumulated in one room after another until it was hardly possible to move. The conditions were appalling.

Statutory action was taken to remove her to Hospital where she responded quickly to care and medical treatment. With her co-operation, it then became possible to straighten out some of her financial difficulties and of course, to clean up her home.

This is but one of the many psycho-geriatric cases that had to be dealt with by the various Statutory Authorities.

During the past few years, Dr. Peach, Medical Officer of Health, Colwyn Bay, and Dr. McKendrick, his predecessor, in that post, have conducted a survey into the extent of the problem in Colwyn Bay, and they have set up machinery for preventing this sort of situation happening. A brief reference to this is made in the report submitted by Dr. Peach, but a full account will be published in due course.

A Mental Health Liaison Committee covering Denbighshire and Flintshire has devoted much of its energies to this problem

and its co-ordinating role has been of value. However, it is obvious that there is a shortage of Hospital and Welfare beds and also deficiencies in the domiciliary health services. The attention of the Authorities concerned has been drawn to these deficiencies and strenuous efforts are being made to rectify the situation.

The Mental Health Service generally has continued to progress and this is reflected in the following report of the Chief Mental Welfare Officer, Mr. Emlyn Evans:—

“ Once again there has been an increase, not only in the number of patients referred for admission and after-care, but also in the services provided. During the year, the following new services were provided by the Department:—

Training School	1
Hostel for the Subnormal	1
Social Club for the Mentally Ill	1
Sheltered Lodgings	2
Teaching/Practical Placement for Pre-Social Work Course	1

“ In addition to new services there has been new and progressive thinking in the whole field of social services of which the highlight has been the placing of administrative control of the Training Schools in the hands of the Education Authority; the opening of a small group home/hostel and the co-ordination of social services within the Health Department itself.

“ Services for the Subnormal.

“ Our ascertainment of subnormals continues to be well above the National average. During the year, 14 males and 9 females were ascertained and since early detection is so vital it is gratifying to note a high referral figure.

“ Training Schools.

“ The Training Schools in the County now have 143 children in attendance. There is a waiting list of 20, all of whom are under 16 years of age, but it should be noted that 15 of these require the facilities of a Special Care Unit and that, of this number, 9 are in West Denbighshire. The cost of transport both to Junior and Senior Schools is high, but

this is a problem which confronts every Authority. We do use public transport where possible as part of the training in initiative and independence, much to the surprise of other Authorities who are now beginning to follow suit. As mentioned before, our pressing need is for Training and Pre-employment facilities, for our females over the age of 20 years and the figures for pupils attending Bersham, illustrate the urgency.

“The transition of responsibility from Health to Education Department has been smoothly completed and staff have now resolved their difficulties and anxieties. Liaison between the staffs of both Departments is good and pupils have certainly benefited from the new arrangement. The terminology has now been amended and Training Centres are now known as Training Schools and Staff as Teachers.

“Experience so far has supported the comment in the Plowden Report that ‘there can be no firm and accurate division between children that are suitable for education and those who are not’.

“**Powys Training School.**—This School was opened in June by Mr. Goronwy Roberts, Minister of State for Education and Science. At present, there are 27 boys and 20 girls under the age of 16 attending. The old building at present houses the more profoundly handicapped child, but it is scheduled for adaptation as a Special Care Unit for severely subnormal children in 1969.

“**Senior Training Centre, Bersham (Mixed).**—This Unit is designed to cater for the needs of the 16 years to 21 years group of approximately 20 males and 20 females. It has 15 males and 19 females at present, but 6 males and 9 females are already over 21 years. In three years’ time, **all** except 3 of the pupils will be over the age of 21 years and this emphasises the urgency of the need for a Pre-employment Training Centre for Girls. There are 5 members of staff, but one is away at Hull completing a one year’s Course for Supervisors.

“**Glan-y-Don Training School.**—The capacity of this School has been increased by the availability of the upstairs rooms. There are 37 pupils in attendance with an age range of 5 years to 22 years. Of this number, 14 are already over the age of 16 years and will form the first large intake into the new proposed School at Tanllwfyfan.

“**Tanllwfyfan Proposed Training School.**—The site has been purchased for the above and is considered to be one of the most attractive in the area.

“ Henllan Pre-employment Centre.—This Centre is now under construction although building operations have been hampered by the Foot-and-Mouth Epidemic. In view of the pressure in East Denbighshire, it will have to cater for the needs of some of the females over the age of 21 years from the Wrexham areas, as well as West Denbighshire. The hostel accommodation will be a very useful service as, in addition to catering for pupils during the usual times, it can cater on a short-term basis to provide relief to parents and relatives.

“ Horticultural Group.—This Group is now based on Pentre Broughton and operates daily from their Workshops. This allows for flexibility in the case of trainees and according to the work required and to the exigencies of the Service. It also means that there is no distinction in hours of employment and conditions of service for either staff or trainees. Currently, this Group is clearing the site at Rhos Clinic and also preparing the Coppenhall family group home for occupation.

“ Pre-employment Centre, Pentre Broughton.—By the end of the year, this Unit was fully manned and staffed. With the inclement weather it was decided to bring the Horticultural Group into the premises and in future, to base them at this Unit. The total number of employees, therefore, rose to 30 men and the Supervisory Staff to 4. During the year, we placed 1 man in employment. The biggest problem is one of space and the Unit is now a Workshop rather than a Pre-employment Centre. Unless we are successful in obtaining new premises either through Board of Trade or County Council I suggest that we designate Pentre Broughton as a Sheltered Workshop during 1968/69.

“Representatives of various Authorities continue to visit the Unit as it is a rather unusual Centre. A delegation came from Monmouth and were, as indeed all visitors are, quite impressed with our achievements in this field.

“The small pilot scheme of placing selected subnormal females with the Canteen Staff has been most successful. We have been fortunate in placing two females in employment from the Canteen as a result of their training with our Cooks. I would again like to express appreciation of the co-operation of our Cook and Assistant Cook; not only is their patient understanding of the trainees most exceptional, but continually they extend their services in the Canteen to include special arrangements for functions over and above the needs of the Unit.

“Acton Park Hostel.—This unique group home/hostel opened during the year and has already attracted the attention of neighbouring authorities in view of its new concepts. It is a mixed hostel catering for an age range from 10 - 40 years, and contrary to the most dire predictions, it has proved an unqualified success. In the 7 months that it has been opened, a total of 12 have been discharged from hospital to the hostel. Of these, 3 progressed on to sheltered lodgings, 1 proceeded to the Children's Home and 2 were returned to Hospital. At the end of the year, 5 places were occupied out of the 9 available beds but there is a waiting list for selection to fill the 4 empty beds. The hostel is used also in a variety of ways. For instance, 2 residents stayed while their landladies were away on holiday. The alternative would have been for them to have returned to the Psychiatric Hospital. Another instance was the day care of a blind, severely handicapped subnormal while the mother took the remainder of her family for a day trip to the sea-side. Yet another is the accommodation of a 7 year old spastic child for four nights per week while she attends the Spastic Unit of the Maelor General Hospital for treatment—the distance from her home precludes daily travelling. Currently, the Housemother is training a 20 year old subnormal in domestic duties and there is every reason to believe that we will be able to place her in open employment during the coming year. The Wrexham Handicapped Children's Society presented a gift of toys, games, etc., to the Hostel upon its opening.

“ Social Clubs.—These Clubs still function and meet a great need. The Wrexham Club at Bersham is now meeting once every week and it is always very well attended. In this instance, it is the Staff of the Training School who run the Club since it has not been possible to interest a voluntary body to undertake this demanding task.

“ Voluntary Organisations.—In the field of mental health, the Voluntary Organisations have often paved the way and acted as pressure groups to provide much needed, but poorly publicised services. The Organisation in Denbighshire with the most spectacular record in this field is the Wrexham and District Handicapped Children's Society. Not only do they make generous donations of money and gifts, but they also give freely of their time and energy to various causes. At the end of the year, the Society were engaged in arrangements for purchasing a suitable property to provide a residential home for severely handicapped children.

“ Services for the Mentally Ill.

“ Compulsory admissions under both observation and treatment sections showed an increase over the previous year and I am unable to account for this. The figure shows an increase of 30, making a total of 196. Incidentally, the greatest increase was in the admission of females. The Wrexham Day Psychiatric Unit under Dr. T. P. S. Powell figures very much in our community care programme. With most patients referred to the Mental Health Section where admission was indicated, an examination by a Consultant was arranged either at the Day Hospital or by a domiciliary visit. This means that most of the patients have the benefit of the Consultant opinion on whether Out-patient, Day Hospital or In-patient treatment is indicated. The discharge of patients from the parent hospital to the care of the Day Hospital has led to shorter in-patient stay and equally, the Day Hospital has reduced admissions. Such figures are difficult to verify because of so many variables—certainly referrals of patients from general practitioners have increased tremendously in the East of the County. The pattern of care in the West is much different and although the Mental Welfare Officers in Central and West Denbigh can attend O.P. Clinics at Mold and Colwyn Bay, this is not so universal or close as it would be if a Day Hospital operated there. In Wrexham, the Mental Welfare Officers and myself meet Dr. T. P. S. Powell, the Consultant, formally for discussions once per month. The discussions cover matters of general policy and procedure although detailed discussion of individual cases also takes place.

“ In addition, one evening each month is set aside for developing some specific theme—at these evenings, general practitioners, nurses and other allied services are invited and a film show is followed by a discussion.

“ Areas: The County is sub-divided into Mental Welfare Officer Areas, with Officers in the following locations:—

Colwyn Bay, Ruthin, Gwersyllt, Rhos, Cefn,
Wrexham.

“ This system has meant better use of manpower and the development of the service is in the hands of each Mental Welfare Officer. Apart from his usual function of caring for the mentally-disordered patients in his area, he contacts the general practitioners, health visitors and other ancillary workers and endeavours to co-ordinate the various branches of the service. With the reorganisation of the nursing services, arrangements are now under way to

commence Case Conferences in these areas between the Mental Welfare Officers and the Health Visitors. It is most gratifying to see a good relationship growing amongst these officers since it is the patient who ultimately benefits.

“ Social Clubs.—The Berwyn Club at Gwersyllt is now part of the general scene and the membership is strong and virile. The Club meets at the new Powys School and this winter the Llangollen Round Table have taken over a considerable burden by providing transport and some entertainment.

“ Mr. Bryan Hughes, Senior Mental Welfare Officer, has commenced a new Club for the mentally ill, at Nant-y-Glyn Clinic, Colwyn Bay, and the Club meets weekly on a Monday evening. Members have selected the name Eirias Club and at present the membership is 18. Starting a new Club is quite a venture and a precarious one at the beginning. I am pleased to report that the first few meetings went satisfactorily which augurs well for the Club's future development.

“ Staff and Training.—During the year, two Mental Welfare Officers left to take up appointments with Cheshire County Council. However, replacements have been appointed and although the total number is below the Ministry's recommendation of 1 officer per 20,000 population, the Service remains largely unimpaired.

“ One Mental Welfare Officer has entered Liverpool College of Commerce to undertake 2 years' training for the Certificate in Social Work. His departure does mean a gap, but other officers cover his area as far as possible. Senior Staff undertake extraneous duties which include the practical supervision of students. In addition, the Department has considerable demands made upon it to provide information and facilities for students of the local Cartrefle College with regard to projects on Mental Health. In addition, in-service Courses which are arranged by our Health Education Officer, make calls upon the Senior Mental Welfare Officers in the Wrexham area. The staff is extended at present and any new services add to the burden so that absences on holiday or due to sickness, do fall heavily on rather depleted resources.

“ Mental Health Week.—This was held in June and will culminate next year in World Mental Health Year. Arrangements were made largely by Mr. Leslie Roberts and it was a highly successful project. It involved an Exhibition at Wrexham and Colwyn Bay and films were shown both to the general public and invited audiences. It was a vast project and very well executed.

"The Future.—The report of the Seebohm Committee on the reorganisation of social services is expected next year when the integration of services is expected. While a considerable amount of economy of effort and greater efficiency will be achieved, it is hoped that mental health, with its strong ties and close relationship with the Health Department, will remain within the Health Department even if other services gravitate to an amorphous body of some kind under the heading of 'Social Services'."

Health Education.

One of the highlights of the Health Education programme in Denbighshire is the Mental Health Week, when all the resources of the Department are focussed on this important subject. The theme was "Work to be done" and with the help of the Hospital and Welfare Department, the various aspects of the work were well presented. The recruitment of students to assist at the Exhibitions ensured that at least they found out what it was all about. Indeed, so much so, that some of them have decided to embark on careers in social work.

However, Health Education must be a continuous process based on a co-ordinated plan and it is gratifying that the appointment of a Health Education Officer has ensured this. Staff now receive guidance in preparing their Health Education programmes and by carefully synchronising them, economic use can be made of equipment.

Furthermore, a Reference Library, enthusiastically established under the direction of Miss M. Kirby and Mr. L. Roberts composed not only of standard textbooks but also of tabulated articles dealing with current trends, ensures that staff can obtain easily, material which is topical. It must be appreciated that not all staff wish to participate in formal Health Education activities. Of course, Health Visitors and Nurses are continuously disseminating propaganda on a variety of health topics in the homes and clinics but it is a different matter to stand before a large audience or class and be able to hold their attention and interest. It was gratifying to learn that about 70% of the staff were willing and eager to undertake these duties and indeed most of them were already heavily committed to this type of work.

Apart from the set programme, it is essential that the Health Educator be an opportunist. Publicity is invariably given to catastrophes, misfortunes or epidemics and the periodic outbreak of food poisoning is an opportune moment for launching a programme on Food Hygiene.

Another subject which occupies the news and the thoughts of responsible persons is the growing menace of drug-dependency, whether it be tobacco, alcohol or the soft and hard drugs. The exploitation of the immaturity, ignorance and inexperience of our adolescents, in whatever form, is dastardly, but when it has such long-reaching, devastating and destructive effects as addiction to alcohol or drugs, then it is indeed a crime against humanity. Although there is very little evidence of drug dependence amongst the youngsters in Denbighshire, the Chief Constable convened a conference of all those who might be, in any way, concerned with this problem. This, at least, pooled the available information and ensured that everyone had been alerted to this heinous threat. Members of the staff have collaborated with teaching staff in letting pupils know the grave risks of experimenting with drugs of any kind.

If appropriate Health Education can prevent one child from becoming a drug addict, it will, in my view, have more than repaid any expenditure which it may have incurred.

Publications.

Throughout the years, interesting developments and events occurring in the Health Department have often received substantial publicity which is one of the most effective ways of educating the public in health matters. During the past year, a deliberate effort was to publicise some of the current trends being developed within the Department, in the hope that this would assist other professional colleagues, voluntary organisations and members of the public. Within the past year, the following articles have been published:—

The Municipal Journal:

“The Landrover Ambulance.”

County Councils' Gazette:

“The Administrative Handbook.”

British Hospital Journal:

“Community accommodation for the mentally sub-normal.”

Mental Welfare:

“The role of the County Medical Officer in the care of the Mentally Subnormal.”

Liverpool Daily Post (Supplement):

“Health in Denbighshire.”

Industrial Wales:

“Pentre Broughton Training Centre.”

Health Visitor:

“Health Visiting administration.”

Central Council for Health Education:

“Health Education programme in Denbighshire.”

Nursing Times:

“Current attitudes to the domiciliary nursing service.”

Mental Health:

“The Subnormal: Train or Teach?”

Delegations of duties.

Over the years, the Medical Officer of Health for Colwyn Bay increasingly accepted delegated responsibility for various duties of the Local Health Authority. In 1960, this was formally acknowledged by designating Dr. McKendrick, the then Medical Officer of Health, as Senior Assistant Medical Officer for County duties. This arrangement was continued when Dr. Peach was appointed in 1964, but it was not until 1967 that the precise details of Officer delegation were finalised. In accordance with these arrangements, Dr. Peach has submitted a full Report on the year's work from which I have extracted the following:—

“During the year, the scheme of delegation of health services at officer level, West Denbighshire, was finalised, approved and implemented during the summer. This has been the culmination of many years of experience of previous piecemeal delegated functions. The formalised area of administration for local health authority services in Western Denbighshire has been met with enthusiasm by the staff and the improved ‘status’ of the Department has been received with pride by every member of the staff and I am grateful to them for their contribution in earning these additional responsibilities and their efficiency and loyalty to the service.

“I will not reiterate what I have already said in previous reports as to the advantages of officer delegation

of County Health functions to the community in Western Denbighshire. This is by now apparent to the community which the Department serves. The formal delegation has, I feel, set the seal on a health service unique in North Wales, which will undoubtedly be re-duplicated when the proposed reorganisation of local government in Wales is implemented.

“ The vital statistics of the area show a favourable trend and indicate that the public health has been maintained. There have been no serious epidemics of infectious diseases within the area throughout the year and the various services provided by the Health Department to the community in Western Denbighshire have been deployed to their maximum efficiency and there is every indication that every essential health need has been met, in many cases far above that provided for in mere ‘statutory provisions’.

“ No valid complaints of any of the services have been received by my Department but I am pleased to report many congratulatory letters on certain individual services provided, have been received during the year.

“ Child Welfare Clinics.

“ Attendances at all the Clinics within the administrative area have been maintained and in fact there is evidence of a substantial increase in the attendances at certain of the Clinics, especially in the Colwyn Bay and Abergele area. Therefore, it is reasonable to conclude that the Clinics are providing a service for which the members of the public feel there is a need. However, despite this acceptance by the public I feel that the role of the Child Welfare Clinic in the pattern of the present medical services is not clearly defined. Obviously, the Clinics should work with and not in spite of, the other clinical branches of the National Health Service and this means closer association with the General Medical Practitioners and Paediatricians. No major step forward is made by staffing the Child Welfare Clinics with General Practitioners if they conduct a ‘branch surgery’ for their paediatric patients.

“ Undoubtedly, the Sub-Committee reports on Child Welfare Centres under the Chairmanship of Sir Wilfred Sheldon, have emphasised the continuing need for a preventive service to safeguard the health of children and have reinforced this with clear recommendations on the functions of such a service, but I submit that it would be impractical to implement such progressive recommendations in many of the premises in which Child Welfare Clinics are held in

Western Denbighshire. In four such Clinics conducted in rented premises, the whole business of the Clinic is virtually conducted in one room."

" Family Planning.

The Clinics held at Nant-y-Glyn Clinic, Colwyn Bay, continued as in previous years, a session being held on Monday afternoon and Thursday evening.

The Branch Office of the Family Planning Association is now located at the Nant-y-Glyn Clinic, Colwyn Bay, and this facility has been granted to the Association by the Denbighshire County Council, free of rent. This arrangement, in addition to my appointment to serve on the Executive Committee of the North Wales Branch of the Association, has established a very satisfactory link between the Family Planning and the area health services.

" Chiropody Service.

During the year, the Chiropody Service was reviewed and a re-apportionment of cases between the two Chiropodists arranged. This, along with the introduction of an additional clinic at Colwyn Bay, has virtually eliminated any waiting list and a limited number of domiciliary visits is now possible.

I am grateful to the Chairman and members of the Committee of the Tandderwen Old People's Centre for allowing us to use their accommodation for the additional Clinic in Colwyn Bay.

" Community Care of the Elderly.

The scheme to co-ordinate the statutory and voluntary organisations in Colwyn Bay to provide a service to meet the needs of aged persons, as previously reported by me, has continued.

I now have a register in my Department of over 500 old people living alone in the Borough of Colwyn Bay. 29.1% of the population of Colwyn Bay are pensionable age, compared with the National percentage of persons in this age group which is 15%. 17% of such persons in the Borough live alone, compared with 19.5% of persons in Great Britain. Of the 500 persons referred to, 329 (65.8%) are dependent on the goodwill of neighbours for their daily well being. These neighbours at any time may, by force of circumstances, fail to continue this support. 101 (20%) have no relatives whatsoever and 129 (26%) have relatives living so far away that there would be considerable delay in their giving assistance in an emergency situation. When

a serious illness (e.g. hemiplegia) develops in a person, neighbours may soon find help. Doctors and hospitals will secure adequate care for a period, but readjustment in the community may prove difficult. This is when the person most feels the need for support and the aim is to give such support to the maximum degree of personal independence and fulfilment and also the idea of more effective living, though structural disease may remain the same, or even increase.

This principle was put forward by Binks in the British Medical Journal, 1968. However, to be effective it is essential that the register of old persons is kept up to date and regularly reviewed. For example, by January, 1968, it was found that of the 500 persons registered, 56 (11.2%) had died, 81 (16.2%) had changed their address and 20 (4%) were in hospital or a Welfare Home. Also, by this date, of the total number of 500 persons registered, 108 (21.6%) considered in need of help now have regular visits organised by the Committee. The survey carried out in Colwyn Bay showed that the 391 who had daily contacts were most secure and physically fit and the aim is to secure daily contacts for all.

It is also interesting to record that during the winter 1964/65, a total of 62 persons of pensionable age were removed to hospital by the Ambulance Service from Colwyn Bay after friends or police had broken into the house. Many of these persons had sustained accidents in the home from which they had lain impotent and in distress for periods of up to 18 hours. Since the inception of the scheme referred to, in Colwyn Bay which was initiated in 1965, the numbers of such persons removed by Ambulance in emergency has dropped significantly. During the winter of 1965/66, 51 persons were removed from Colwyn Bay by the Ambulance Service and during the winter of 1966/67, 29 such persons were conveyed to Hospital by Ambulance.

Environmental Health.

The primary responsibility for Environmental Health rests with the District Health Authorities and for administrative convenience these have been grouped into four districts, each having its own staff of Medical Officer of Health and Public Health Officer. Undoubtedly, they are chiefly responsible for the steady progress being maintained in ensuring adequate supplies of pure drinking water, satisfactory sewage and refuse disposal, a progressive housing programme, the control of infectious diseases and the efficient inspection of meat. The four District Medical Officers of Health are also partly on the staff of the County Council, and it was hoped that through such an arrangement, close integration of the Local Authority's services would be ensured but this could not be fully achieved without a cordial

inter-personal relationship. It is, therefore, pleasant to record my appreciation to these colleagues for their constant and whole-hearted co-operation which has led to close co-operation and full utilisation of the resources and services available. This, of course, is of paramount importance when there may be overlap or duality of statutory responsibility for then, under those conditions, good relationships and goodwill are essential.

Food and Drugs Act, 1955.

The Statutory responsibilities imposed by this Act are performed by different Authorities and by various Officers of the Authorities concerned. This diversity and fragmentation of these responsibilities is due to tradition or shortage of appropriately trained staff. Originally, Denbighshire planned to appoint an Assistant County Public Health Officer together with sampling Officers, but unfortunately, economic conditions prevented further development. However, it is gratifying to record the valuable assistance given to Mr. Button, the County Public Health Officer, by his District colleagues, who on many occasions have collected milk samples and carried out enquiries whenever there was the need and also the co-operation received from Mr. Owens, the Chief Weights and Measures officer and his staff.

Despite the crippling effects of "Foot-and-Mouth" on Agriculture, considerable work was done to help improve milk production in the County. It is significant that in recent years, the Milk Industry has been increasingly emphasising milk quality as well as quantity and while there is great satisfaction with the progress achieved in the eradication of Bovine Tuberculosis it is sad to observe the slow progress in controlling Brucellosis. The details of the work done are incorporated in the following report of the County Public Health Officer:—

" Milk and Dairies.

" The outstanding problem in this sphere continues to be the comparatively large sale of Untreated Milk by producer/retailers. At the end of the year there were 170 producer/retailers in the County—16 having ceased during the year. In addition there are a number of suppliers of Untreated Milk who retail during the holiday season only and another small group who supply particular families with Untreated Milk under special dispensations of the Minister of Agriculture, Fisheries and Food. All of these sources are sampled regularly—at least once a quarter—and the total number of samples taken (562) reflects the improvement anticipated in my last Annual Report. The figure does not represent the potential of the sampling scheme because the restrictions on movement introduced in October as a result

of the Foot-and-Mouth epidemic virtually brought a cessation of the sampling programme. Nor do the number of samples taken reflect the greater effectiveness of representative sampling from churns at the place of production as compared with the purchase of retail samples during distribution. During the year, representative sampling was undertaken to an increasing extent. In addition, to these samples taken directly from producer/retailers a valuable arrangement was made with the Milk Officer of the Ministry of Agriculture, Fisheries and Food whereby it is possible to obtain a part of some of their samples for Brucella Ring Testing. This arrangement started in mid-summer and regrettably had to be suspended in the autumn—another victim of the Foot-and-Mouth epidemic. I acknowledge gratefully the co-operation of Public Health Inspectors of District Councils and officers of the Ministry, in the field.

“Samples of Untreated Milk are examined for the presence of Tubercle Bacilli and Brucella Abortus. None of the samples submitted during the year showed evidence of Tuberculosis, but 40 were positive to the Brucella Ring Test and of these 11 showed evidence of Brucella Abortus after culture. The herds involved in these 11 instances were each investigated and samples from individual cows taken. As a result of this follow-up work two producers gave up the retail side of their businesses. In one instance, the producer lost his herd during the Foot-and-Mouth outbreak before the investigation had been completed. In the other cases individual cows excreting infected milk were removed from the herds—usually for slaughter. It is apparent that recent publicity focussed on the problem of Brucellosis has been heeded by the farming community and the co-operation received from milk producers is extremely encouraging.

“It is difficult to foresee the situation arising from the Foot-and-Mouth epidemic. All work on farms ceased throughout the period of control and inevitably this will mean that when sampling commences again a fresh start will need to be made. Perhaps the most regrettable fact so far as Brucellosis is concerned was the complete postponement of all work in connection with the Brucellosis Eradication Scheme.

“During the year only one human case of Brucellosis was notified. It is typical of the problems arising in dealing with this disease that, although an exhaustive enquiry was made, it was impossible to associate this particular case with any potential source.

“ Since 1948 the tendency has been for heat treatment of milk to become increasingly concentrated in the hands of the large dairy combines. It was, therefore, interesting to be approached by a producer/retailer in the eastern end of the County asking about the possibility of pasteurising his own milk. As a result of the advice given at the time, a small batch pasteurising unit was installed and, apart from a few teething troubles associated with an inadequate water supply, the supply of milk from this source has been entirely satisfactory.

The other processing dairy licensed by the County Council is, of course, much larger and during the year under review, operated under some difficulty with out-of-date machinery and inadequate capacity. In spite of these difficulties the quality of milk produced for sale continued to be satisfactory. One of the major hazards facing a dairy of this size is that of misuse of bottles. Far too high a proportion of bottles returned to dairies have been used for such purposes as mixing cement, holding paint and so on. Consumers themselves have a responsibility in this situation—certainly a bottle deposit scheme might make a difference. However, such a scheme would be impossibly difficult to operate and in an effort to overcome the problem, this dairy experimented with two types of non-returnable containers during the year. Neither of these were completely acceptable—one because of the high rate of failure of the seam of the plastic sachet and the other because a sufficiently high rate of filling could not be achieved. At the end of the year production at this dairy ceased completely for rebuilding and re-equipping. It was anticipated that the new dairy would be ready for production by the end of April, 1968.

“ The two processing dairies are inspected weekly and regular samples are taken of washed bottles and churns. A consistently high standard is maintained. Regular sampling of all heat-treated milk sold in the County is carried out and there have been no instances in which any action has been required. It is still not possible to take retail samples from as many dealers as one would wish. Adequate coverage will necessitate additional help for the County Public Health Officer.”

Rural Water Supplies and Sewerage.

The number of schemes submitted for consideration by the County Council during the year was the lowest since the introduction of the grant scheme in 1944. This is, of course, a trend which was to be expected and new schemes will become increasingly difficult to carry out and also more expensive.

(a) Schemes submitted under the Rural Water Supplies and Sewerage Acts.

Sewage Disposal — Ruthin R.D. — Rhewl and Gellifor (Extension of disposal works and new sewer to Llangynhafal)—Estimated cost £27,785.

Water Supply—Mains extension at Glanrafon by Merioneth Water Board—Estimated cost £4,750.

Both of these schemes were considered but a decision about grant aid was deferred pending a general review of the County Councils policy in relation to grants.

(b) Schemes submitted under Section 56, Local Government Act.

Sewage Disposal—

Llanrwst U.D.—Sewerage extension to The Creamery, Nebo Road—Estimated cost £2,140.

Hiraethog R.D.—Dinmael Sewage Disposal Works (Rebuilding)—Estimated cost £3,150.

In neither case did the County Council consider grant aid justified.

The Weights and Measures Inspector reported as follows:—

“During the year ended 31st December, 1967, 525 samples of food and drugs were submitted to the County Public Analyst (J. G. Sherratt, Esq., B.Sc., F.R.I.C.) for examination and report. The number and types of articles submitted may be summarised as follows:—

Article	No. Taken	Genuine	Not Genuine
Milk	326	318	8
Foodstuffs	119	116	3
Tinned Foods	28	28	—
Fresh Fruit	3	3	—
Soft Drinks	11	11	—
Beer and Spirits	15	15	—
B.P. Preparations, Simple Household Medicaments	23	22	1
Totals	525	513	12

“The average percentage of fat, and of solids-not-fat contained in the milk sampled during the year were:—

	Fat	Solids-not-fat
Eastern Division	3.64%	8.61%
Western Division	3.68%	8.71%
Whole County	3.65%	8.65%
The legal presumptive standard is	3.00%	8.50%

“As will be noted from the Table, out of 525 samples submitted for analysis, 8 milk and 4 other foods were found to be ‘not genuine or sub-standard’. The number of adverse reports (12) does show a reduction on the previous year (20). The action taken with regard to the irregularities discerned has been noted in the appropriate quarterly report. Generally, manufacturers and traders are co-operative, and it should be noted that no prosecutions have been taken during the year. Despite the difficulties, the standard of milk has been well maintained during the last quarter of the year.

“During the year, 136 samples of ‘farm bottled milk’ were tested by the Analyst for the presence of anti-biotics with a negative result in each instance. Again, the Milk

Marketing Board schemes of testing for quality and antibiotics appears to be working satisfactorily as is evidenced by the few complaints from the bulk collecting centres.

"The national scheme for testing for the presence of pesticidal residues is now in its second phase. This programme is divided into three periods, each of twelve months' duration, beginning in August and ending the following July. Phase 1 ended on the 31st July, 1967, and up to that time 8 samples were submitted and, in each instance, the Analyst's report was satisfactory. During the second phase, a further 8 samples will be submitted and, in addition, it is worth noting that Wrexham Borough will be participating in the scheme on a voluntary basis.

"The number of complaints from the general public shows a decline from last year. The majority were with regard to milk and the usual advisory visits have been made to the persons concerned and advice and assistance proffered. One complaint worth noting was with regard to a sale, on licensed premises, of 'whiskey and pep'. On investigation, it was found that there was literally four times as much peppermint cordial as whiskey in the mixture. Individually, the ingredients were 'genuine' and the price charged appropriate, but collectively the customer objected to the taste. It was pointed out to both parties that although this idea may circumvent the breathalyser, due regard should be had to what is demanded and what is sold. With regard to all other complaints and detected irregularities, subsequent follow-up action has shown compliance with the legal requirement.

"The milk supplied to the various County Council establishments and schools, together with that available from vending machines throughout the County has been systematically sampled and tested. This work has resulted in a further 231 samples being tested at the Wrexham and Colwyn Bay offices. The results, in every instance, were found to be satisfactory.

"In conclusion, several sets of new regulations dealing with the quality of such foods as meat pies and sausage rolls, canned meat products and sausage and other meat products have been promulgated. These regulations come into force at different times with the meat pie and sausage roll regulations becoming effective on the 31st May, 1968."

Acknowledgments.

Periodically, the value of an Annual Health Report is questioned and indeed this is not surprising when, as sometimes occurs, it is submitted after a long interval to the Health Committee.

However, the compilation of an Annual Report is inevitably a long drawn out procedure if it is done comprehensively. Initially, senior members of the staff and many field workers are asked to submit an Annual Report to me. Before they can start analysing the events of the previous year, it is necessary for them to obtain statistical data some of which is not available until the Registrar General's Returns came to hand at about the end of March. In due course, the various reports are placed before me and my first task is to extract essential information which will help me to prepare a factual Report. Although this exercise is time-consuming, it invariably leaves me with a feeling of deep satisfaction that so much has been achieved, of gratification that we have had so much help from so many diverse sources and of gratitude for the loyalty and whole-hearted support of the Staff of the Health Department.

Against, it is a pleasure to record my appreciation to the Clerk of the County Council, Chief Officers and their staff for their help throughout the year. The change in the composition of the Health Committee has meant that some old friends have been lost but it does mean the concentration of responsibility for County Health function is in the hands of those members who are truly interested in these matters.

Finally, I wish to record my indebtedness to the Chairman and Vice-Chairman of the Health Committee and its Sub-Committee for their inspired foresight, wise counsel and cordial co-operation.

M. T. ISLWYN JONES,

County Medical Officer.

County Health Department,
16 Grosvenor Road,
Wrexham.

July, 1968.

VITAL STATISTICS, 1958 - 1967

TABLE I.

Year	Per 1,000 of Estimated Population				Still Birth Rate per 1,000 live and still births	Maternal Mortality Rate per 1,000 live and still births	Infant Mortality Rate per 1,000 live births
	Live Birth Rate	Death Rate	Death Rate Respiratory Tuberculosis	Death Rate Cancer			
1958	15.3	13.1	0.15	2.2	29.4	1.10	20.7
1959	15.9	13.2	0.08	2.5	24.2	Nil	27.7
1960	15.6	13.4	0.12	2.3	23.2	0.37	18.1
1961	16.0	13.3	0.06	2.6	23.3	0.35	20.6
1962	16.6	13.3	0.11	2.5	20.6	0.67	23.1
1963	16.1	13.5	0.01	2.6	18.3	Nil	15.1
1964	16.5	12.7	0.04	2.5	12.9	Nil	22.3
1965	15.5	12.9	0.02	2.6	21.2	Nil	14.1
1966	15.8	14.2	0.06	2.7	20.4	Nil	16.2
1967	16.0	13.4	0.04	2.7	18.8	0.34	15.6

TABLE 2.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES
ACCORDING TO DISTRICTS FOR 1967

Districts	Estimated Population	No. of Live Births	Birth-rate crude adjusted	No. of Infant Deaths	Rate of Infant Mortality	Total No. of Deaths	Death Rate crude adjusted
Western No. 1.							
Abergele U.D. ...	10,520	166	15.8	1	6.0	149	14.2
Colwyn Bay M.B. ...	24,680	328	13.3	9	27.4	439	27.8
Aled R.D. ...	6,620	72	10.9	2	27.7	70	10.6
Western No. 2.							
Denbigh M.B. ...	8,460	118	13.9	2	17.0	166	19.6
Llanrwst U.D. ...	2,540	46	18.1	—	—	36	14.2
Ruthin M.B. ...	3,790	39	10.3	1	25.6	56	14.8
Ruthin R.D. ...	9,260	135	14.6	2	14.9	95	10.2
Hiraethog R.D. ...	4,490	69	15.4	—	—	37	8.2
Eastern No. 1.							
Wrexham R.D. ...	62,210	1,041	16.7	16	15.3	815	13.1
Ceiriog R.D. ...	7,150	113	15.8	4	35.4	87	12.2
Llangollen U.D. ...	2,940	48	16.3	—	—	32	10.9
Eastern No. 2.							
Wrexham M.B. ...	37,120	700	18.9	8	11.4	429	11.6
Total County	179,780	2,875	16.0	45	15.6	2,411	13.4
							11.7

TABLE 3.
INFANT MORTALITY

Age at Death	Male	Female	Total
Under 1 week	18	12	30
Over 1 week but under 4 weeks	3	1	... 4
Over 4 weeks but under 1 year	9	2	11
Total	30	15	45

TABLE 4.
INFANT MORTALITY — CAUSES OF DEATH.

Cause of Death	Number of Deaths		Total
	Male	Female	
Accidents	1	—	1
Pneumonia	4	1	5
Gastro-Enteritis and Diarrhoea	1	—	1
Congenital Malformations ...	7	4	11
Other defined and ill- defined diseases ...	17	10	27
Total	30	15	45

TABLE 5.
COMPARATIVE RATES.

Rate	Denbighshire	England and Wales
Infant Mortality per 1,000 live births	15.6	18.3
Neo-natal Mortality (deaths under 4 weeks)	15.3	12.5
Early Neo-natal Mortality (deaths under 1 week) ...	10.4	10.8
Peri-natal Mortality (Still-births and deaths under 1 week)	29.0	25.4
Still-birth Rate	18.8	14.8

TABLE 6.
DISTRIBUTION OF DEATHS IN AGE GROUPS

Year	Number of Deaths in Age Groups								Total
	0-1	1-4	5-14	15-24	25-44	45-64	65-74	75+	
1958 ...	54	8	11	16	72	454	582	1035	2232
1959 ...	75	8	14	25	73	465	609	1001	2251
1960 ...	48	10	11	25	89	500	590	992	2284
1961 ...	57	7	10	18	73	501	627	1009	2302
1962 ...	67	7	7	13	69	494	602	1054	2313
1963 ...	43	9	9	14	71	515	624	1085	2370
1964 ...	65	5	5	27	75	466	632	970	2245
1965 ...	39	12	11	19	71	540	619	1000	2310
1966 ...	46	7	12	17	64	541	714	1141	2542
1967 ...	45	6	10	17	59	484	711	1079	2411

TABLE 7.
PRINCIPAL CAUSES OF DEATH.

Cause of Death	No. of Deaths	Percentage of total deaths
Heart Disease (all forms) ...	803	33.3
Cancer (including leukaemia and aleukaemia)	489	20.2
Vascular lesions of nervous system	397	16.4
Other circulatory diseases ...	84	3.4
Bronchitis	110	4.5
Violence (including accidents, suicide)	78	3.2
Pneumonia	153	6.3
Tuberculosis	8	0.3

TABLE 8.
DEATHS FROM CANCER.

	Stomach	Lung Bronchus	Breast	Uterus	Other malignant and Lymphatic Neoplasms	Leukaemia Aleukaemia	Total All forms	Cancer Death Rate per 1,000 Population
Western No. 1.								
Abergele U.D. ...	3	10	4	2	17	1	37	3.5
Colwyn Bay M.B. ...	16	20	11	2	40	1	90	3.6
Aled R.D.	7	1	2	—	9	—	19	3.0
Western No. 2.								
Denbigh M.B.	2	5	3	1	10	—	21	2.5
Llanrwst U.D.	3	1	—	—	2	—	6	2.3
Ruthin M.B.	2	2	—	—	5	—	9	2.4
Hiraethog R.D. ...	1	—	—	—	1	—	2	0.4
Ruthin R.D.	—	4	2	—	9	—	75	1.6
Eastern No. 1.								
Ceiriog R.D.	—	3	—	—	8	—	11	1.5
Llangollen U.D. ...	1	3	2	—	5	—	11	3.7
Wrexham R.D. ...	30	38	10	6	71	5	160	2.5
Eastern No. 2.								
Wrexham M.B. ...	15	31	8	3	48	3	108	2.9
Total	80	118	42	14	225	10	489	2.7

Mortality from all forms of cancer in the past ten years.

TABLE 9.

Year						No .of Deaths	Date Rate per 1,000 Population
1958	...	...	...	...	...	370	2.2
1959	...	...	...	...	...	435	2.5
1960	...	...	...	...	...	416	2.4
1961	...	...	...	...	...	450	2.6
1962	...	...	...	...	...	443	2.5
1963	...	...	...	...	...	454	2.6
1964	...	...	...	...	...	441	2.5
1965	...	...	...	...	...	463	2.6
1966	...	...	...	...	...	484	2.7
1967	...	...	...	...	...	489	2.7

Deaths from Cancer according to age, sex and classification, during 1967:—

TABLE 10.

Age	Malignant Neoplasms										Leukaemia Aleukaemia		Total All Forms	
	Stomach		Lung Bronchus		Breast		Uterus		Other Malignant and Lymphatic Neoplasms					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
0-14	—	—	—	—	—	—	—	—	—	1	—	—	—	1
15-24	—	—	1	—	—	—	—	—	—	—	—	1	1	1
25-44	—	—	4	—	—	3	—	1	6	5	—	—	10	9
45-64	18	4	49	4	—	16	—	6	28	31	2	2	97	63
65-74	23	9	40	4	—	13	—	5	50	36	3	1	116	68
75 and over ...	15	11	13	3	—	10	—	2	25	43	—	1	53	70
Totals	56	24	107	11	—	42	—	14	109	116	5	5	277	212

MATERNAL MORTALITY

Incidence of maternal mortality over the past decade.

TABLE 11.

Year	Total Births	No. of Maternal Deaths	Mortality per 1,000 Total Births
1958 	2,683	3	1.10
1959 	2,769	Nil	Nil
1960 	2,712	1	0.37
1961 	2,826	1	0.35
1962 	2,953	2	0.68
1963 	2,892	Nil	Nil
1964 	2,949	Nil	Nil
1965 	2,830	Nil	Nil
1966 	2,894	Nil	Nil
1967 	2,875	1	0.34

TABLE 12.

Causes of death and distribution according to districts.

Causes	Abergele U.D.	Aled R.D.	Ceiriog R.D.	Colwyn Bay M.B.	Denbigh M.B.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin M.B.	Ruthin R.D.	Wrexham M.B.	Wrexham R.D.	Total
Tuberculosis respiratory ... ..	..	..	..	2	1	..	..	1	..	..	2	2	8
Tuberculosis—Other. ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilitic disease ... ..	..	..	2	..	1	..	..	..	..	..	..	..	3
Diphtheria ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections ... ..	..	..	..	..	..	..	..	..	..	..	1	..	1
Acute Poliomyelitis ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ... ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other infective and Parasitic Diseases. ... ..	..	..	..	..	..	..	1	..	..	..	..	..	1
Malignant Neoplasm—Stomach	3	7	..	16	2	1	1	3	2	..	15	30	80
Malignant Neoplasm—Lung Bronchus	10	1	3	20	5	..	3	1	2	4	31	38	118
Malignant Neoplasm—Breast	4	2	..	11	3	..	2	..	..	2	8	10	42
Malignant Neoplasm—Uterus	2	..	..	2	1	..	..	..	..	..	3	6	14
Other Malignant and Lymphatic Neoplasms	17	9	8	40	10	1	5	2	5	9	48	71	225
Leugasmia, Aleugaemia	1	..	..	1	..	..	..	..	..	..	3	5	10
Diabetes	1	..	1	1	..	..	..	..	1	2	4	6	16
Vascular lesions of nervous system	26	12	20	76	21	9	4	9	11	15	67	127	397
Coronary disease, angina	31	21	6	93	29	7	8	10	12	25	95	190	527
Hypertension with Heart Disease	1	..	2	10	5	..	..	2	..	2	4	15	41
Other Heart Disease	15	4	15	47	24	10	2	..	5	10	33	70	235
Other Circulatory Diseases	7	..	7	35	2	1	..	1	4	3	10	24	94
Influenza ... ..	..	..	..	2	..	1	..	..	..	..	1	3	7
Pneumonia	5	1	2	7	25	5	1	2	5	6	28	66	153
Bronchitis	10	4	3	11	8	..	1	1	2	3	20	47	110
Other diseases of Respiratory System	1	2	1	..	..	..	2	2	..	1	4	9	22
Ulcer of Stomach, Duodenum	1	..	1	5	2	..	..	..	1	..	4	3	17
Gastritis, Enteritis and Diarrhoea ... ..	..	..	..	2	..	..	..	..	..	2	1	6	11

Table 12. Causes of Death (continued).

Causes	Abergele U.D.	Aled R.D.	Ceiriog R.D.	Colwyn Bay M.B.	Denbigh M.B.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin M.B.	Ruthin R.D.	Wrexham M.B.	Wrexham R.D.	Total
Nephritis and Nephrosis	2	1	...	2	1	...	...	...	...	...	3	...	9
Hyperplasia of Prostate ... ..	...	...	...	5	...	...	...	...	...	...	1	5	11
Pregnancy, child-birth, abortion ...	...	...	...	...	...	...	...	...	1	...	...	...	1
Congenital malformations ... ..	...	...	1	4	...	...	...	...	...	...	3	8	16
Other defined and ill-defined diseases ...	10	5	10	34	19	2	...	1	3	10	23	47	164
Motor vehicle accidents	1	...	...	4	1	...	1	1	...	1	4	7	20
All other accidents..	...	...	5	7	6	...	1	...	2	...	10	14	45
Suicide	1	1	...	2	...	...	...	...	...	...	3	6	13
Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...
All causes	149	70	87	439	166	37	32	36	56	95	429	815	2411

TABLE 13.

Congenital Defects—"At Risk" Register.

Number on Register at 1/1/67	Number notified during year	Number removed from Register	Number on Register at 31/12/67
688	301	306	683

TABLE 14.**New Cases and Attendances at Hospital Ante- and Post-natal Clinics.**

Clinic	Ante-natal		Post-natal	
	New Cases	Attendances	New Cases	Attendances
Rhos	107	754	68	74
Cefn Mawr ...	68	579	37	73
Total	175	1,333	105	147

TABLE 15.**Family Planning Clinics—Cases and Attendances.**

Location	Day and Time	No. of Cases	Attendances
Nant-y-Glyn, Colwyn Bay ...	Monday 2.30 - 3.30 p.m. Thursday 6.30 - 7.00 p.m.	461	1,345
1 Grosvenor Road, Wrexham	Thursday 2.30 - 3.30 p.m. 2nd & 4th Wednesday 6.30 - 7.30 p.m.	443	1,217

TABLE 16.

CHILD HEALTH CENTRES

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who attended during the year and who were born in 1967	No. of children who attended during the year and who were born in 1962-65
Abergele, Pentre Mawr	Weekly	Thur. a.m., p.m.	21	113	127
Brynteg, County Clinic	Weekly	Monday p.m.	36	127	42
Brymbo, Council School	Fortnightly	Thursday p.m.	18	30	27
Cefn, County Clinic	Weekly	Friday p.m.	39	109	115
Chirk, Ambulance H.Q.	Fortnightly	Thursday p.m.	40	58	70
Coedpoeth, Church Hall	Weekly	Monday p.m.	39	71	80
Colwyn Bay, Nantyglyn Road ...	Weekly	Tues., a.m., p.m.	36	182	170
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	33	29	11
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	20	27	8
Denbigh, County Clinic	Weekly	Wednesday p.m.	45	102	90
Glan Conway, Church Institute ...	Fortnightly	Monday p.m.	17	13	35
Glynceiriog C.P. School	Fortnightly	Tuesday p.m.	19	24	96
Gresford, Church House	Fortnightly	Friday p.m.	32	21	55
Holt, Kenyon Hall	Fortnightly	Wednesday p.m.	12	10	11
Johnstown, Sports Pavilion	Twice monthly	Tuesday p.m.	31	31	43
Carried forward				947	980
					1010

Table 16 (continued).

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who attended during the year 1967	and who were born in 1962-65
Carried forward	...	...	...	947	1010
Llansannan Community Centre	Monthly	Thursday p.m.	29	11	44
Llanddulas, C.M. Chapel	Monthly	Monday p.m.	7	6	14
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	30	56	7
Llanrwst, County Clinic	Weekly	Tuesday p.m.	29	68	129
Llanrhaeadr Y.M. Infants' School	Fortnightly	Monday p.m.	16	18	36
Llay, County Clinic	Fortnightly	Wednesday p.m.	37	70	64
Rhos, County Clinic	Weekly	Wednesday p.m.	40	99	46
Rhos-on-Sea, Church House	Fortnightly	Tuesday p.m.	23	34	26
Gwersyllt County Clinic	Weekly	Friday p.m.	35	87	84
Rhostyllen, Church Hall	Fortnightly	Monday p.m.	24	36	36
Rossett, County Clinic	Weekly	Wednesday p.m.	19	44	41
Ruabon, Old People's Hall	Fortnightly	Tuesday p.m.	24	32	34
Ruthin County Clinic	Weekly	Tuesday p.m.	17	92	70
Kinnel Bay Merchandise Hall	Fortnightly	Wednesday p.m.	24	34	42
Wrexham, Gatefield	Weekly	Tuesday p.m.	36	95	28
Wrexham, Garden Village	Weekly	Wednesday p.m.	39	109	42
Wrexham, Queens Park	Weekly	Mon., Thur. p.m.	33	191	318
Wrexham, I Grosvenor Road	Weekly	Mon., Wed. p.m.	34	254	193
Vroncysyllte, Primitive Chapel	Monthly	Tuesday a.m.	9	9	13
Trevor Community Centre	Monthly	Thursday p.m.	11	8	10
Total	...	...	—	2300	2287

TABLE 17.
MATERNITY AND CHILD WELFARE.
DENTAL TREATMENT, 1967.

(a) Number provided with Dental Treatment.

	First Visits for Treatments during the year	Total Visits	No. of Courses of Treatment completed
Expectant and Nursing Mothers	76	261	51
Children under 5 years of age	47	74	38

(b) Forms of Dental Treatment provided.

	Extrac- tions	General Anaes- thetics	Fillings	Patients treated by Scaling	Patients X-rayed	Dentures provided
Expectant and Nursing Mothers	227	54	59	20	2	40
Children under 5 years of age	75	39	30	5	—	—

TABLE 18.

PREMATURE LIVE AND STILL-BIRTHS.

Weight	Number of Premature Births		Of Those Born Alive			
	Born Dead	Born Alive	Number died within 24 hrs. of birth	Number died in 1 and under 7 days	Number died in 7 and under 28 days	Number Survived
2lb. 3oz. or less ...	4	4	4	—	—	—
Over 2lb. 3oz. and up to 3lb. 4oz. ...	7	8	5	3	—	—
Over 3lb. 4oz. and up to 4lb. 6oz. ...	13	40	2	—	—	38
Over 4lb. 6oz. and up to 4lb. 15oz. ...	6	43	2	—	1	40
Over 4lb. 15oz. and up to 5lb. 8oz. ...	8	83	2	—	—	81
Total	38	178	15	3	1	159

TABLE 19.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Admission from the various Counties to Bersham Hall were:—

County of origin	No. of cases admitted during	
	1966	1967
Anglesey	3	1
Caernarvonshire	6	8
Denbighshire	15	24
Flintshire	16	20
Merionethshire	5	5
Montgomeryshire	9	6
Warwickshire	3	2
Total	56	66

TABLE 20
MATERNITY CASES DISCHARGED FROM HOSPITAL
BEFORE 10th DAY

	0 - 72 hours		4 - 6 days		7 - 10 days		Total	
	No. of cases	No. of visits	No. of cases	No. of visits	No. of cases	No. of visits	No. of cases	No. of visits
1st Quarter	116	1080	65	365	226	806	407	2251
2nd Quarter	140	1288	88	489	205	723	433	2500
3rd Quarter	131	1223	101	574	214	739	446	2536
4th Quarter	110	1012	75	433	206	723	391	2168
Total for year ...	487	4603	329	1861	851	2991	1677	9455

TABLE 21
MIDWIVES PRACTISING AT 31/12/67

Employing Authority	No. of Midwives employed whole or part-time
Local Health Authority:	
Domiciliary	45
Mother and Baby Home	2
Private Practice:	
Domiciliary	1
Private Nursing Home	3
Hospital Service:	
Welsh Hospital Board	68

TABLE 22.
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1967

	Number of deliveries attended by Midwives in the area during the year.					Totals
	Domiciliary Cases					
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by the Authority	5	11	64	256	336	
Midwives in Private Practice (inc. Midwives employed in Nursing Homes)	—	—	—	—	—	
Totals	5	11	64	256	336	

TABLE 23.

Summary of Work of Health Visitors.

No. of Health Visitors	District	No. of visits to children under 1 year		No. of visits to children 1-5 years	Persons aged 65 or over	All Other Visits
		First Visits	Total Visits			
2	Rhos and Johnstown	121	903	1,807	246	373
3	Penycae and Acrefair	98	409	898	123	116
2	Rhostyllen, Ruabon, Marchwiel, Isycoed	151	833	2,689	68	213
4	Coedpoeth, Southsea, New Broughton, Bwlchgwyn, Brymbo, Broughton	261	860	1,381	157	450
2	Llay, Gresford, Rossett	159	799	1,617	204	373
1	Gwersyllt, Rhosrobin, Summerhill	84	387	1,018	139	128
3	Llangollen, Cefn, Garth, Trevor, Chirk and Vron	244	799	1,718	529	903
2	Abergele, Pensarn, Towyn, Kinnel Bay, Llanfair T.H.	165	739	1,548	270	439
3	Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	204	1,139	2,779	288	541
1	Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	140	409	515	170	125
2	Ysbyty Ifan, Llanfihangel G.M., Pentre-voelas, Llangwm, Cerrig	35	207	385	43	109

Table 23 (continued).

No. of Health Visitors	District	No. of visits to children under 1 year		No. of visits to children 1-5 years	Persons aged 65 or over	All Other Visits
		First Visits	Total Visits		Total Visits	
2	Llanrhaeadr Y.M., Llansilin, Glynceiriog	49	161	258	28	47
2	Ruthin Borough, Ruthin Rural (part) ...	153	797	1,316	468	655
4	Borough of Colwyn Bay and Aled Rural (part) ...	341	1648	3,607	1,197	1,121
7	Borough of Wrexham ...	663	3046	4,965	422	1,234
40	Totals ...	2,868	13,136	26,501	4,346	6,826

TABLE 24.

**Summary of Cases attended and visited by Home Nurses
during 1967**

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases ...	202	2,349	3,180	5,731
No. of visits ...	1,379	42,083	94,101	137,563

TABLE 25.

SMALLPOX VACCINATIONS.

Age at date of Vaccination	Primary Vaccinations	Re-vaccinations
0 - 12 months	55	—
1 year	942	—
2 - 4 years	228	7
5 - 15 years	35	120
Totals	1,260	127

TABLE 26.
NUMBER IMMUNISED AGAINST
DIPHTHERIA, WHOOPING COUGH AND TETANUS

Year of Birth	Diphtheria		Whooping Cough		Tetanus	
	Primary	Booster	Primary	Booster	Primary	Booster
1967	1,015	—	1,009	—	1,019	—
1966	1,154	347	1,136	332	1,153	355
1965	100	945	94	845	100	946
1964	34	179	28	138	34	179
1960-63	176	1,624	45	407	172	1,466
Others under age 16	52	1,504	4	45	87	854
Totals	2,531	4,599	2,316	1,767	2,565	3,800

TABLE 27.
POLIOMYELITIS VACCINATION.

Year of Birth	QUADRILIN		SALK		SABIN	
	Primary	Booster	Primary	Booster	Primary	Booster
1967	—	—	12	—	355	—
1966	—	—	22	1	1,440	18
1965	1	—	6	4	216	31
1964	—	—	—	—	72	35
1960-63	—	—	3	1	490	2,513
Others under age 16	—	1	3	—	338	953
Totals	1	1	46	6	2,911	3,550

TABLE 28.

**VACCINATION AND IMMUNISATION OF CHILDREN
IMMUNITY INDEX**

	Children born in 1966			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
	(1)	(2)	(3)	(4)
Denbighshire ...	71	71	62	35
Wales	70	71	67	25
England and Wales	74	75	71	39

**TABLE 29.
AMBULANCE SERVICE.**

	Patients conveyed		Miles travelled
By Ambulance	Stretcher Cases ...	11,568	565,852
	Sitting Cases	62,781	
		74,349	
By Sitting Case Car ...	Sitting Cases ...	23,887	205,465
Grand Total: 1967 ...		98,236	771,317
Grand Total: 1966 ...		88,722	698,799

**TABLE 30.
Schoolchildren Tuberculin tested and given B.C.G. Vaccination**

	No. tuberculin tested	No. found tuberculin positive	No. found tuberculin negative	No. vaccinated with B.C.G.
1966	1,802	399	1,323	1,312
1967	1,392	293	1,040	1,040

TABLE 31. TUBERCULOSIS.
Number of Cases on the County Tuberculosis Register for the years 1957-1967.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non- Pulm.	Total	Pulm.	Non- Pulm.	Total	
1957	1544	371	1915	32	2	34	200.5
1958	1587	382	1969	26	1	27	158.8
1959	1658	386	2044	15	2	17	99.9
1960	1352	173	1525	22	2	24	141.3
1961	1284	149	1433	11	6	17	97.8
1962	1158	136	1294	19	—	19	109.1
1963	1154	122	1276	2	1	3	17.2
1964	1121	146	1267	7	1	8	45.2
1965	1063	152	1215	3	2	5	28.0
1966	959	146	1105	10	4	14	78.1
1967	840	102	942	8	—	8	44.5

TABLE 32.
TUBERCULOSIS NOTIFICATIONS,
AGE AND SEX DISTRIBUTION

Age	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
0	1	1	2	—	—	—
5	4	1	5	1	—	1
10	—	—	—	—	—	—
15	—	—	—	—	—	—
20	2	—	2	—	2	2
25	4	2	6	—	1	1
35	8	3	11	2	1	3
45	6	3	9	1	1	2
55	7	1	8	—	—	—
65	3	—	3	—	1	1
75 and over	1	—	1	1	1	2
Totals	36	11	47	5	7	12

Total No. of Notifications during 1967 59

No. of new contacts seen of new cases notified ... 326

No. of contacts notified of this number 5

TABLE 33.
TUBERCULOSIS.

Active cases on Registers according to County Districts,
31st December, 1967.

District	No. of cases of Tuberculosis on register at commencement of year		No. of cases added to register during year		No. of cases re-moved from register during year		No. of cases remaining on register at end of year	
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.
Western No. 1.								
Abergele U.D. Males ...	24	1	4	1	2	—	26	2
... Females ...	18	3	6	3	2	—	22	6
Colwyn Bay M.B. Males ...	30	7	17	—	4	3	43	4
... Females ...	22	7	2	—	—	2	24	5
Aled R.D. ... Males ...	8	2	—	—	1	1	7	1
... Females ..	4	3	1	1	—	2	5	2
Western No. 2.								
Denbigh M.B. Males ...	36	1	25	1	6	—	55	2
... Females ..	17	3	8	2	—	—	25	5
Llanrwst U.D. Males ...	9	3	2	—	3	—	8	3
... Females ..	3	3	—	—	—	—	3	3
Ruthin M.B. ... Males ...	6	3	1	—	—	2	7	1
... Females ...	2	—	—	—	—	—	2	—
Hiraethog R.D. Males ...	13	2	1	1	6	—	8	3
... Females ..	2	3	—	1	—	1	2	3
Ruthin R.D. ... Males ...	21	3	—	2	1	—	20	5
... Females ..	15	2	1	1	—	—	16	3

Table 33 (continued).

Tuberculosis (continued).

District	No. of cases of Tuberculosis on register at commencement of year		No. of cases added to register during year		No. of cases re- moved from register during year		No. of cases re- maining on register at end of year	
	Pulm.	Non- Pulm.	Pulm.	Non- Pulm.	Pulm.	Non- Pulm.	Pulm.	Non- Pulm.
Eastern No. 1.								
Wrexham R.D. ... Males ...	263	26	8	1	68	16	203	11
... Females ..	181	26	4	1	46	9	139	18
Ceiriog R.D. ... Males ...	32	7	1	—	18	6	15	1
... Females ..	25	8	—	—	15	4	10	4
Llangollen U.D. ... Males ...	12	1	1	—	4	—	9	1
... Females ..	8	2	—	—	7	2	1	—
Eastern No. 2.								
Wrexham M.B. ... Males ...	119	14	11	1	17	5	113	10
... Females ..	89	16	1	2	13	9	77	9
Totals	959	146	94	18	213	62	840	102

TABLE 34.

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County and England and Wales for 1967 and each of the preceding nine years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
1958	12.6	17.6	15.3	8.9
1959	8.8	8.8	8.8	7.7
1960	15.1	11.0	12.9	6.8
1961	7.2	5.5	6.3	6.5
1962	11.9	9.9	10.9	5.9
1963	1.1	1.1	1.1	5.6
1964	3.4	4.4	3.9	4.7
1965	3.4	1.1	2.2	4.2
1966	5.6	5.5	5.5	4.3
1967	6.6	2.2	4.5	3.7

TABLE 35.

MENTAL HEALTH

Admissions to Hospital arranged by Mental Welfare Officers.

	M.	F.	T.
Mental Health Act, 1959.			
Section 25 (Observation Order)	20	62	82
Section 26 (Treatment Order)	18	27	45
Section 29 (Urgency Order)	29	40	69

	M.	F.	T.
Total informal patients admitted to Hospital during year	145	244	389

TABLE 36.
Disposal of Mentally Subnormal Patients.

	M.	F.	T.
No. of S.N. and S.S.N. in hospitals at 31/12/67 ...	99	95	194
No. of S.N. and S.S.N. under guardianship at 31/12/67	1	—	1
No. of S.N. and S.S.N. in "Place of Safety" at 31/12/67	—	—	—
No. of S.N. and S.S.N. under Supervision at 31/12/67	209	177	386
No. of S.N. and S.S.N. awaiting removal to hospital at 31/12/67	4	6	10
No. of S.N. and S.S.N. (new cases) reported during the year	14	9	23
No. of S.N. and S.S.N. admitted to hospitals during the year	5	15	20
No. of S.N. and S.S.N. taken to "Places of Safety" during the year	—	—	—
No. of S.N. and S.S.N. that ceased to be under care by reason of death or removal from the area during the year	7	4	11

(Note: S.N.—Sub Normal; S.S.N.—Severely Sub Normal).

TABLE 37.
VENEREAL DISEASES

Number of Patients attending Centres during 1967.

	Syphilis	Gonorrhoea	Other Conditions	Total
Llandudno General Hospital ...	—	8	15	23
St. Asaph General Hospital ...	—	—	2	2
Wrexham War Memorial Hospital	—	18	69	87
Totals	—	26	86	112

TABLE 38.
CHIROPODY.

No. of persons on register at 31/12/67	No. of persons treated during 1967	No. of Sessions	Total attendances
2,604	2,468	1,767	9,830

Home Visits during the year — 28.

TABLE 39.
BLIND PERSONS.

	Males	Females
No. of cases on Register at 31/12/67	149	214
No. of cases ascertained during 1967	28	17
No. of cases ascertained during 1967 with:		
(a) Cataract	1	6
(b) Glaucoma	4	2
No. of cases of Blindness due to Retrolental Fibroplasia	—	—

TABLE 40.**Epileptics.**

Number of Ascertained Epileptics according to age and sex distribution and in Residential Accommodation.

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0-10	30	32	—	1
10-15	32	24	3	—
15-25	4	2	—	—
25-50	3	5	2	1
50 and over	—	1	—	—

TABLE 41.**Spastics.**

Number of Ascertained Spastics according to Age and Sex Distribution and in Residential Accommodation.

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0-10	18	12	3	4
10-15	6	5	4	2
15-25	8	9	2	2
25-50	7	8	—	1
50 and over	1	2	—	—

TABLE 42.

CYTOLOGY SERVICE.

Examinations made during the year ended 1967.

	NO. EXAMINED				CYTOLOGICAL DIAGNOSIS				OTHER ABNORMALITIES		
	Local Authority Clinic	Family Planning and Hospital	G.P. and Surgery	Total	Negative	Suspicious	Positive	Unsatisfactory	Urine	Breasts	Raised B.P.
East Denbs. ..	1,204	1,081	609	2,894	2,428	7	16	22	50	175	157
West Denbs. ..	275	54	305	634	609	2	1	17	2	2	3
Total ...	1,479	1,135	914	3,528	3,037	9	17	39	52	177	160

TABLE 43.
Statistics relating to the Home Help Service, 1967.

No. of Home Helps Employed (as at 31st December, 1967).

Part-time ... 211

	Category of Cases									
	Over 65 years of age		Under 65 years of age							
			Chronic Sick and T.B.		Mentally Disordered		Maternity		Others	
	No.	p.c. of Total	No.	p.c. of Total	No.	p.c. of Total	No.	p.c. of Total	No.	p.c. of Total
No. of cases assisted during the year ...	878	79.6	121	10.9	13	1.2	37	3.4	54	4.9
No. of hours worked ..	162,048	82.9	24,435	12.5	2,070	1.1	1,791	0.9	5,249	2.6
Average No. of hours per case per week	5.2		5.65		5.2		24.0		5.2	
										5.1
										195,593
										1103

TABLE 44.
INFECTIOUS DISEASES.

Particulars respecting notifications received during 1967 and, for comparative purposes, the nine preceding years are shown.

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Scarlet Fever ...	78	86	79	30	20	36	79	67	62	67
Whooping Cough ...	72	109	154	88	10	82	116	21	45	160
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Measles ...	881	535	1,796	2,749	414	1,222	1,160	1,556	731	1,328
Acute Pneumonia ...	87	64	23	45	11	10	24	10	8	13
Meningococcal Infection ...	3	2	3	1	1	3	1	1	2	—
Acute Poliomyelitis:										
Paralytic ...	—	3	3	1	2	—	1	—	—	—
Non-Paralytic ...	1	—	—	—	—	—	—	—	—	1
Acute Encephalitis:										
Infective ...	1	—	—	—	1	—	—	—	—	—
Post-infectious ...	—	—	—	—	—	1	—	—	1	—
Dysentery ...	24	21	51	93	86	80	5	426	95	10
Ophthalmia Neonatorum ...	—	1	2	—	—	1	1	1	1	3
Puerperal Pyrexia ...	2	26	23	40	20	14	30	13	7	6
Paratyphoid Fever ...	1	—	1	—	—	3	—	5	1	1
Enteric or Typhoid Fever ...	4	—	—	—	—	—	—	—	—	—
Food Poisoning ...	146	30	13	4	5	6	19	16	24	74
Erysipelas ...	8	11	8	3	1	1	9	6	9	2
Malaria ...	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	136	143	122	95	108	68	53	62	32	47
Non-Pulmonary Tuberculosis ...	31	23	12	9	10	7	9	9	10	12
T.B. Meninges and C.N.S. ...	—	—	—	11	4	—	2	4	—	1
Totals ...	1,475	1,054	2,290	3,159	693	1,534	1,509	2,197	1,028	1,725

TABLE 45.

The allocation of the several Infectious Diseases to the County Districts is shown in the following Table:

Area	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infection	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Smallpox	Paratyphoid Fever	Food Poisoning	Erysipelas	Malaria	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Non-Paralytic Poliomyelitis	Meninges and C.N.S.
Western No. 1.																		
Abergele ...	2	11	—	51	—	—	6	—	—	—	—	—	—	—	6	—	—	—
Colwyn Bay ...	8	10	—	216	5	—	—	2	—	—	—	—	1	—	4	—	—	—
Aled ...	—	6	—	2	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Western No. 2.																		
Denbigh ...	—	12	—	240	—	—	—	—	—	—	1	—	1	—	7	2	—	—
Llanrwst ...	—	—	—	107	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Ruthin Borough	—	2	—	21	—	—	—	—	—	—	—	1	—	—	1	—	—	—
Hiraethog ...	1	1	—	123	—	—	—	—	—	—	—	2	—	—	1	2	—	1
Ruthin Rural ...	1	15	—	61	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Eastern No. 1.																		
Wrexham R.D. ...	26	37	—	134	6	—	4	—	1	—	—	—	—	—	11	3	—	—
Ceiriog ...	—	8	—	148	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Llangollen ...	—	—	—	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Eastern No. 2.																		
Wrexham Borough ...	29	58	—	221	1	—	—	1	5	—	—	71	—	—	12	3	1	—
Totals ...	67	160	—	1328	13	—	10	3	6	—	1	74	2	—	47	12	1	1

TABLE 46.
REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year ...	3	24	25	49
Total Homes on the register at the end of the year	11	24	133	157

TABLE 47.
STAFF MEDICAL EXAMINATIONS.

Category	No. Examined
New Entrants to Staff	879
College Entrants	313
Absence through Sickness	24

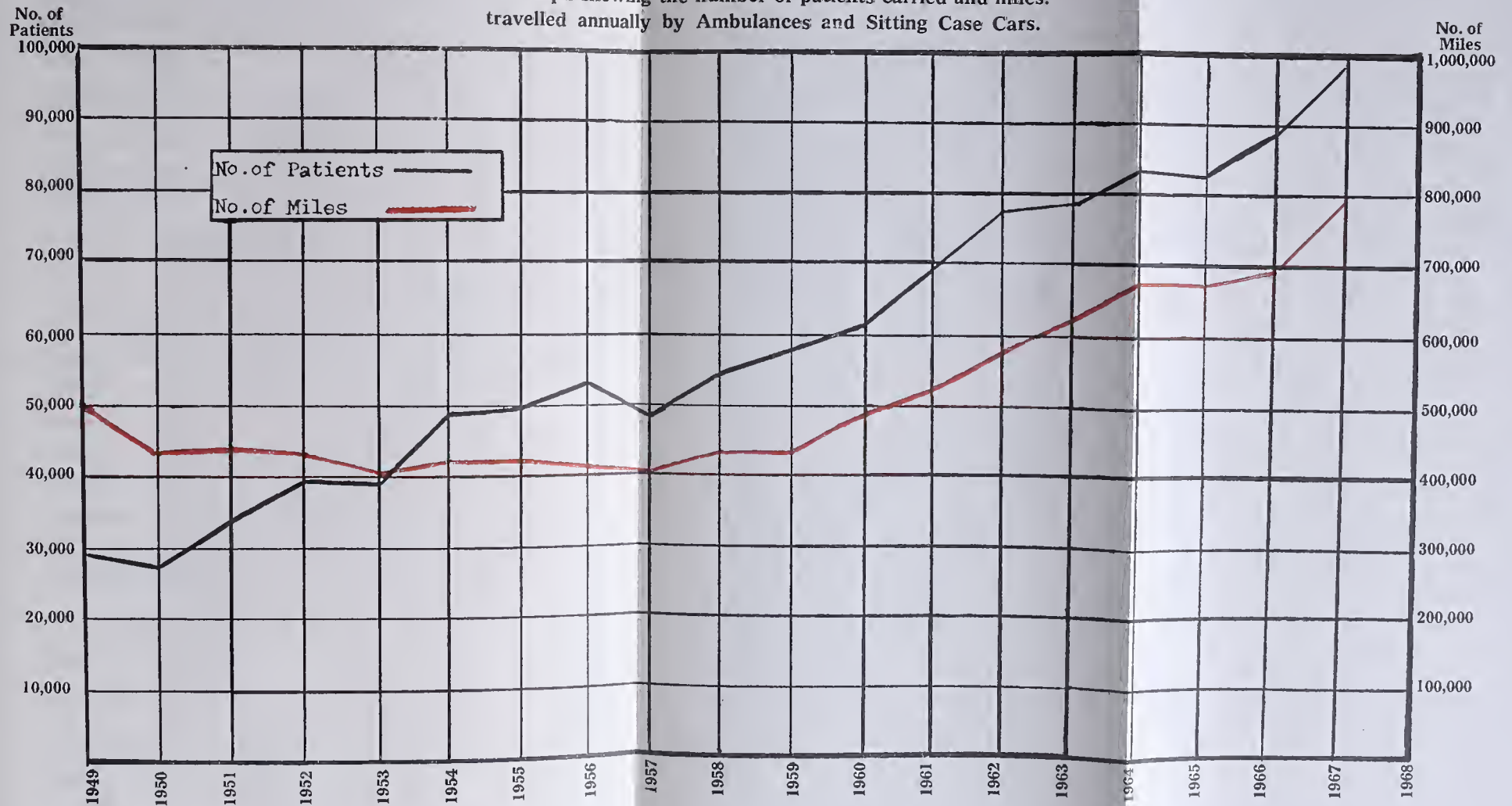
TABLE 48.

MILK SAMPLING, 1967.

(a)	No. of samples of Untreated Milk taken	...	...	...	562
	No. failing Methylene Blue Test	...	...	...	39
	No. giving unsatisfactory biological results:				
	(i) Positive Brucella Ring Test	...	...	...	40
	(ii) Positive Cultures for Brucellosis	...	...	...	11
	(iii) Positive Cultures for Tuberculosis	...	...	...	Nil
	No. showing evidence of antibiotic substances	...	...	...	2
(b)	No. of samples of Pasteurised Milk taken	...	...	...	472
	No. failing Methylene Blue Test	...	...	...	14
	No. failing Phosphatase Test	...	...	...	3
(c)	No. of samples of Sterilised Milk taken	...	...	...	15
	No. failing Turbidity Test	...	...	...	Nil
(d)	No. of samples of washed bottles taken	...	...	...	74
	No. not satisfying the requirements of the Public Health Laboratory Service				6
(e)	No. of samples of milk supplied under the Milk in Schools Scheme included in (a) and (b) above				124

TABLE 49.

A Graph showing the number of patients carried and miles travelled annually by Ambulances and Sitting Case Cars.





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